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Successful Management of Health Regions: Circumstances, Challenges and Competences in German Health Regions

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Successful Management of Health Regions

Circumstances, Challenges and Competences in German Health Regions

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Preface

Health regions have been an integral part of several German states for more than ten years. Their composition and topics of interest are heterogeneous, as this publication points out. As far as this heterogeneity is concerned, during the development phase of the health regions in the context of a federally structured Republic, there were only two naturally guiding principles: the welfare state and social solidarity; both are regulated as unchangeable, eternally valid principles in the German "Grundgesetz". A number of federal states used the remaining room for interpretation and discretion to establish state-wide structures of health regions. This ifgs volume reports on five of these regional solutions based on a broad literature survey and a guideline-based interview in each case.

The COVID-19 pandemic regrettably demonstrated the limitations of health regions. The few managers already working full-time were often reassigned to pandemic-relevant areas of the public health service ("Öffentlicher Gesundheitsdienst"), with massive, non-COVID-related consequences for health care within the population. A multitude of studies reference a deterioration in this regard with a simultaneous increase in individuals' behaviour becoming a health risk. As is well known, this particularly affected the urban residential population, again focused on the so-called high-risk areas. As a solution to this, the German government is currently pushing the so-called "health kiosks", of which a total of 1,000 are to be created for the 374 regional health offices in the current 20th legislative period (2021–2025). Models for this are two such institutions in Hamburg-Billstedt and Berlin-Neukölln. It is currently unforeseeable, how health regions will be maintained and how health kiosks are to be established. The objectives proclaimed in the "Pact for the Public Health Service" launched in 2021 out of acute grievances are high. However, the health kiosks are not explicitly mentioned. Should they be established and institutionalized at the same time as the pact, it is probable that they will replace the tasks of regional health concepts.

In order to make an impact as quickly as possible, the modular learning system elaborated on in the Erasmus+ project "Competences in Health Network Management" could be given adequate importance in a nationwide roll-out.

Munich, January 2024

Prof. Dr. habil. Manfred Cassens

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Abstract

Background

Health regions are associations of a wide variety of persons involved at regional level who are connected to the health sector. Along with different professions, these players represent a wide range of interests. Regional Health Network Managers manage the health regions in order to improve the health of the regional population (cf. Landesvereinigung für Gesundheit and Akademie für Sozialmedizin Niedersachsen 2018; Buck et al. 2019). The Erasmus+ project Com.HeNet surveyed the (inter-)national competences for regional health network management.

Method

In order to identify the required competences for regional health network management, the project consortium conducted a comprehensive literature review. For this purpose, various scientific articles as well as grey literature were used. In addition, five interviews per country were conducted with experts in the field of health regions. The results were compiled and analysed for the required competences for regional health network management.

Results

The study revealed that there is neither a uniform definition nor a uniform training for regional health network management in Germany. The experts recommend the inclusion of stakeholders from the fields of health, economy, politics, science and society in the network. Professional, scientific, practical and personal competences are necessary for the management of health regions.

Conclusion

The management of health regions is an interdisciplinary field of work. In addition to professional competences, personal competences are also needed. The Com.HeNet project identified the competences for regional health network management.

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List of Abbreviations

Com.HeNet   Competences in Health Network Management

EXP_1-5   Expert 1-5

n   number

1   Introduction

The connection of different players and thus diverse interests requires a professional management. This can be seen in different sectors of science, business, and practice. In health regions, too, a wide variety of people involved come together. For the success of health regions, professional coordination is necessary in order to strengthen health at the regional level. The coordination of what happens in the health region is the task of regional Health Network Managers.

The Erasmus+ project "Competences in Health Network Management"[1] was carried out from September 2019 to August 2022. The interdisciplinary consortium consisted of six universities and two associated partners. Prof. Dr. habil. Manfred Cassens was the project leader and Yvonne Behrens M.A. the overall scientific coordinator. The participating universities were:

- FOM University of Applied Sciences (Germany)
- FH Joanneum University of Applied Sciences (Austria)
- Eötvös Loránd University (Hungary)
- Universidad Católica San Antonio de Murcia (Spain)
- Medical University of Silesia in Katowice (Poland)
- Technical University of Sofia (Bulgaria)

The associated partners were the Bavarian Health and Food Safety Authority (LGL) and the Bulgarian Red Cross.

The Com.HeNet consortium identified the competences for regional health network management at European level and transferred them into six teaching modules for the education and training of regional Health Network Managers. The diversity of the professional field became clear: regional Health Network Managers need competences on a practical, scientific, and legal level. The competences were first identified at national level and transferred into so-called national competence profiles. For this purpose, expert interviews and literature research were undertaken. The competences identified in the German competence profile are presented and discussed in this publication.

The publication opens by naming the research questions and, as a second step, describing the method of the survey. This is followed by the presentation and

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[1]   Detailed information on the Com.HeNet project can be found in the publication "Competences in Health Network Management – A Textbook for Training Regional Health Network Managers" (Behrens et al. 2022) and on the website https://for-schung.fom.de/forschung/institute/ifgs-institut-fuer-gesundheit-und-soziales/com-henet.html.

discussion of the results, divided into two levels: circumstances, structures and challenges in Germany and Health Network Management. The first level is based on the literature review. The second level combines the results of the literature research and the expert interviews. Finally, a summary and recommendations for action for stakeholders and policy makers and explicitly for regional Health Network Managers in Germany are presented.

2   Research Questions and Methods

In the first project phase of Com.HeNet, the national competences for regional health network management were surveyed in six European countries. The following research questions were the guiding principles.

1. What kind of circumstances, structures and challenges do Health Network Managers face in Germany?

2. Which competences do Health Network Managers in Germany need?

The research questions were defined in an interdisciplinary scientific discourse. Participating disciplines were from the social and health sciences, public health and informatics. The questions were examined internationally in order to be able to transfer and expand existing structures of health regions. For this, it was crucial to involve experts from the health sector in order to ascertain the real competences needed for regional health network management.

The results of the research were transferred into a European competence profile and subsequently used as a basis for international teaching modules for the training of regional Health Network Managers (cf. Behrens et al. 2022, p. 10–11). The results of the other participating countries can be found in further publications.[2]

In order to answer the formulated research questions, two different research methods have been used. These methods are literature research and expert interviews. They are explained in more detail below.

2.1   Literature Research

A comprehensive literature review was undertaken to investigate the research questions. Scientific databases such as PubMed were examined for literature research. Most of the articles, however, were identified using the so-called dirty search. For both methods, keywords such as *competence*, *regional*, *manager* and *health* were searched for. The search was carried out in both German and English. In the interest of this work, only results on the status quo in Germany were examined more closely. Articles as well as practical and political guides

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[2]   National competences for the management of health regions in Austria (https://oeph.at/sites/default/public/files/newsletter/%C3%96GPH_Newsletter_September_%202022.pdf).

were used. Furthermore, internet resources were used. These include the homepages of federal and state ministries and the EU.

14 articles and guidelines on the management of health regions in Germany were identified. These result from the fields of science, business and practice. All sources are from the years 2015 to 2020. The sources therefore reflect the status of health region management in Germany before the COVID-19 pandemic.

2.2   Expert Interviews

Structure

The consortium of the Competences in Health Network (Com.HeNet) project has developed key questions for the qualitative interviews. The questionnaire[3] initiates the interview with questions about the respondent's profession and continues with the evaluation of the specific regional health system. This block of questions also includes the assessment of the health system and health promotion/ prevention on a scale from 0 to 10, whereby 0 is very poor and 10 is excellent. In the third part of the questionnaire, the test subjects are asked to assess the competencies of Health Network Managers in Germany. This is followed by questions, which aim to evaluate the training and workplace of regional Health Network Managers in Germany. Finally, the test subjects evaluate the software used in German regional health regions. If they like to, the test subjects can make further comments regarding health regions in Germany. The interview concludes with a survey of the demographic data (age, sex, and residence).

Implementation

In total, five test subjects were interviewed. The interviews were conducted via video conference (n = 3), telephone (n = 1) and in person (n = 1). Due to the COVID-19 pandemic, personal meetings were not always possible. As a result of institutional regulations, the use of video conferences was also not always possible. The interviews lasted an average of 65.6 minutes. All interviews were conducted between June 2020 and August 2020.

Presentation of the Subjects

Interviews were held with five male test subjects. The average age is 67.5 years. Four subjects have a university degree. One subject has completed vocational training as the highest educational qualification.

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[3]   The questionnaire can be found in the appendix.

The subjects work in three different occupational areas: university (n = 2), public health service (n = 1) and health regions (n= 2). Two of the test persons hold a professorship and another works as a research assistant. Two subjects are more likely to be located in the practice. One subject works in the social department, another as a representative of the work council of a health region. The latter took an active part in building up the health region. The professional tasks of the test subjects concern health planning, public health care and the health economy. Each subject is an expert for one or two of the following German federal states: Lower Saxony, North Rhine-Westphalia, Hesse, Rhineland-Palatinate, Saarland and Bavaria. Two of the respondents are retired. However, they are still actively involved in the development of health regions.

In order to guarantee the data protection of the test persons, they are referred to with an abbreviation for anonymization. These are named EXP_1 to EXP_5.

3   Results and Discussion

In the following chapters, the results of the literature research and the expert interviews are presented and discussed. After the presentation of the circumstances, structures and challenges in Germany, the description of the profession of a Health Network Manager follows. The latter is based on literature research and expert interviews, the former merely on literature research. A summary is followed by recommendations for stakeholders, policy makers and regional Health Network Managers in Germany.

3.1   Circumstances, Structures and Challenges in Germany

Within this chapter, main health challenges as well as key institutions of the German health system will be presented. Furthermore, the German health care system and its key policies will be introduced. Finally, the health targets will be described.

3.1.1   Main Health Challenges

Demographic change is one of the greatest challenges for the German health system: the higher the life expectancy, the greater the likelihood of multimorbidity. This in turn requires more specialist staff in care and treatment (cf. Buck et al. 2019, p. 448). Another challenge lies in unnecessary diagnostic and therapeutic measures. This creates costs for patients and the health system (cf. Eymann et al. 2018 p. 4). The highest health risk factors are primarily based on the population's behaviour. In 2015, the number of behavioural induced illnesses was 28 percent of all cases. The main problems include alcohol consumption, tobacco use, and obesity (cf. OECD/European Observatory on Health Systems and Policies 2017, p. 4–5). The alcohol consumption per adult in Germany is at over 10 litres (status 2022, cf. Bundesministerium für Gesundheit 2022). Over 23,8 percent of the German population smoke (status 2021, cf. Bundesministerium für Gesundheit 2021) and over 19 percent are obese (status 2019/2020, cf. Robert Koch Institut 2021). It is striking that behaviour-related risk factors occur particularly frequently in deprived population groups (cf. OECD/European Observatory on Health Systems and Policies 2017, p. 4–5).

3.1.2   Key Institutions

In Germany, the principle of solidarity exists on a federal level. This means that all those with statutory health insurance jointly bear medical costs in Germany. The German management principle in the health sector is complex. The German federal government sets the framework and tasks in medical care in the form of laws and regulations. The exact organization and design is handled by the joint self-administration in the health care system. This includes representatives of the medical, dental and psychotherapeutic professions, hospitals, health insurance companies and the insured (cf. Bundesministerium für Gesundheit 2020, p. 10). The highest decision-making body is the Federal Joint Committee (G-BA) (cf. OECD/European Observatory on Health Systems and Policies 2017, p. 6). Governmental tasks in Germany are divided according to the principle of subsidiarity. The municipalities are initially responsible for the population. This is partly because the municipalities are in close contact with the citizens. They are also responsible for local health care and prevention services. An important task is to ensure equal opportunities for the population in the health sector. The federal states can draft and implement their own laws. Finally, the federal government provides the political framework (Bundesministerium für Gesundheit 2020, p. 13).

There are no consistent regulations for the administration or management of German health regions. In Germany, health regions work with ministries (cf. Bayerische Staatskanzlei 2019) such as the Bavarian State Ministry of Health and Care, or closely with health authorities (source: interviews with experts, see chapter 4.2).

3.1.3   Key Policies in the Field of Health Regions

There is no nationwide consistent legal situation for health regions. As an example, the legal regulation of the federal state of Bavaria will be outlined. This concerns the guideline for the promotion of Gesundheitsregionen[Plus] (GRplusFöR; health regions plus). The announcement was made under the reference number P2a-G8010-2019/35-69. The regulations are valid for the period from 2019 to 2022 and the object of the funding is the establishment and maintenance of functioning cooperation and coordination structures at municipal level. Cross-sectoral cooperation on site is desired. Possible recipients of funding are counties, independent cities and associations of counties as well as independent cities. The funding is tied to various conditions:

- Establishment of an office, health forum and working groups
- Implementation of the fields of ~~action~~ active health promotion and pre-vention, health care and nursing
- Annual submission of an implementation plan
- Biannual progress report at the State Office for Health and Food Safety (LGL)
- Participation in the overall evaluation of all Gesundheitsregionen[plus] by the State Office for Health and Food Safety (LGL)

A grant is awarded for a maximum of four years. The subsidy for the branch offices is up to 50,000 euros a year. This is the case if a full-time position is implemented. If it is a part-time position, the amount will be adjusted accordingly.

The internal relationship of health regions must be regulated by a cooperation agreement. The agreement clarifies the question of representation and liability. The liability for reimbursement claims concerns all members of the network (cf. Bayerische Staatskanzlei 2019).

For a more in-depth description of the structure of health regions, I recommend the textbook "Competences in Health Network Management – A Textbook for Training Regional Health Network Managers" (Behrens et al. 2022). The textbook is based on the identified international competences for regional health network management from the Com.HeNet project. It offers comprehensive knowledge as well as tasks for the deepening of the following topics: Health Regions, Health and Society – theoretical Background, Health Needs Assessment, Promoting the Network, Project Management, Strategic Management and Planning, Database Systems, Data Protection and Security.

3.1.4   Healthcare System

The German healthcare system has a complex structure. The legal framework is determined by the German government. The regulatory details are determined via guidelines by the joint federal committee. This is the highest self-governing body. The federal states monitor the self-governing bodies at the state level. In Germany, the federal states are responsible for hospital planning, investments and medical training (cf. Behrens et al. 2020, p. 7–8).

Health expenditure in Germany amounts to over 441 billion euros (status 2022, cf. DESTATIS Statistisches Bundesamt 2022). Per inhabitant, the expenditure is 5298 euros (status 2020, ibid.). A relatively strong sector separation leads to difficulties in outpatient and inpatient care (cf. Goldschmidt 2020, p. 90), causing,

among others, financial burdens and increasing pressure for efficiency. This leads to interface, coordination, communication and cooperation problems. One consequence may be poorer treatment of patients (cf. Buck et al. 2019, p. 449). Better networking could improve patient care and administrative procedures could be simplified (cf. Goldschmidt 2020, p. 90).

Structural problems in the health sector are particularly prevalent in rural areas. Especially in rural areas, many surgeries and clinics are closing. In addition, patients sometimes have to travel very long distances to specialists and clinics. Better networking among the players in the healthcare system could also be helpful here (cf. Buck et al. 2019, p. 449–450).

The structure of the Bavarian Gesundheitsregionen[plus] is presented as an example for the management of a health region. In the state of Bavaria, the establishment of health regions has been supported since the year 2015. The health regions are anchored at the municipal level and should not be implemented in administrative districts that are below the administrative level of a district (Kreis) or independent city (Kreisfreie Stadt). The aim of the funding is to strengthen the networking of healthcare stakeholders. The Gesundheitsregionen[plus] have a three-part structure: coordinating office, establishment of a health forum, and establishment of topic-related working groups.

The office is the contact partner for the people involved in the regional healthcare system. It should be attached to the District Office or the Health Office. It is responsible for managing the health region, which includes coordinating the health region, transferring information between the committees and monitoring the implementation plan. The Health Forum is the central management and control instrument of the health region. It is a body in which different players from the regional healthcare system participate. The Health Forum should take place at least once a year. Policy-relevant topics on health promotion and healthcare are discussed. The orientation of the topic-related working groups is determined here. These are dedicated to individual topics. The relevant actors and experts discuss the present problems and develop proposals for solutions (cf. Hollederer et al. 2016, p. 2–5).

3.1.5   Health Targets

In Germany, health objectives are understood to be agreements between the responsible stakeholders in the healthcare system, with the health of the population as the overarching goal. The aims are formulated as recommendations based on proved evidence. They integrate various health policy aspects and are developed by representatives of politics, funding agencies, service providers, self-help and patient organizations, science and research. Since 2000, ten goals have been formulated, which are still of great importance.

Table 1:   Presentation of Health Objectives in Germany Including Explanation of the Objectives

Health Target	Definition	Publication of Accompanying Legislative Act
Diabetes mellitus type 2	Reduction of disease risk, early detection and treatment	2003 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.i)
Breast Cancer	Reduction of mortality, increase in quality of life	2003 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.j)
Reduction of Tobacco Consumption	Protection from passive smoking, increase in smoking cessation in all age groups	2003, Update: 2015 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.c)
Growing up in a Healthy Way	Life skills, exercise, nutrition	2003, Update: 2010 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.k)
Increasing Health Literacy, Strengthening Patient Sovereignty	Increasing transparency in healthcare, development and expansion of health literacy	2003, Update: 2011 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.d)
Depressive Diseases	Prevention, early detection, sustainable treatment	2006 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.l)
Growing Old in a Healthy Way	Social participation, reduction of health risks, appropriate dementia care	2012 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.e)
Reduction of Alcohol Consumption	Increasing the awareness of problems, early detection of alcohol problems	2015 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.f)
Health Around the Birth	Healthcare, health aftercare	2017 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.g)
Patient Safety	Strengthening patient safety culture and patient safety competence	2022 (Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.a)

Source: Own presentation based on data by Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.a–l)

In 2020, the main focus of work was on "Growing up in a healthy way" and "Growing old in a healthy way". In addition to the national health targets, there are also health targets or priority fields of action that are specific to each federal state (cf. Gesellschaft für Versicherungswissenschaft und -gestaltung e. V., n. d.h).

Health regions can influence health targets. For example, the Gesundheitsregion[plus] in the district of Ansbach formulates regional health goals at the Health Forum. The latter is the central steering committee of the health regions (cf. Gesundheitsregion[plus] Landkreis Ansbach und Stadt Ansbach, n. d.). Here, regional needs and states of health are recorded in the areas of healthcare, prevention and health promotion and subsequently identified as health targets (cf. Gesundheitsregion Bäderland Bayerische Rhön n. d.). The Gesundheitsregion[plus] in the district of Günzburg also develops regional health goals. This region has, for example, formulated the visualization of the health offers and the attractiveness of the district as regional health objectives (cf. Landkreis Günzburg. Die Familien- und Kinderregion, n. d.).

3.2 Health Network Manager

The following chapter presents the results of the literature search with regard to Health Network Managers.

3.2.1 Description

In Germany there is no uniform definition for the profession of a regional Health Network Manager. However, Heckes' description can be considered generally valid. Above all, it illustrates the coordination task of the manager. Heckes states that a regional Health Network Manager

> [...] is a service provider and consultant for services, [...] cannot and does not have to be an expert in the individual topics – his task lies elsewhere: it is to create spaces in which all contributions and motivations from the various sectors or as many as possible can be. We [sic] are not additive, but integrated (Heckes 2016, p. 62, own translation).

Health regions consist of a wide variety of players from the regional healthcare system. In this sense, a region is defined as a district or an independent city (cf. Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen 2018, p. 7). The aim of health regions is to bundle regional competences,

create value and thus secure regional companies (cf. Rundholz 2016, p. 31; Jedamzik 2017, p. 58). In the long term, these goals result in an improvement in the healthcare of the population. Typical participants of health regions are:

- Municipal representatives
- The Association of Statutory Health Insurance Physicians
- Statutory health insurance funds
- Medical associations of local hospitals
- Practising doctors
- Outpatient and inpatient care facilities
- Self-help organisations
- District administrations (cf. Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen 2018, p. 10).

Different stakeholders represent different interests. Therefore, management is needed for coordination. This can be done by the regional Health Network Manager, who acts as a mediator in the network (cf. Buck et al. 2019, p. 451).

3.2.2   Status Quo in Germany

In Germany, there is no consistent curriculum for the training of regional Health Network Managers. However, there are guidelines for the establishment and management of health regions.

3.2.3   Challenges

The strong separation of individual health actors in Germany is a challenge for regional Health Network Managers. The reason for this separation is the high complexity of the German health system (cf. Buck et al. 2019, p. 451). A further challenge is the strong selection of the sectors and industries involved. Within the network, roles must be distributed and structures developed (cf. Kettner-Nikolaus 2017, p. 24). The challenges also include overcoming mistrust among partners and technical hurdles in communication (cf. Angerer et al. 2017, p. 9).

3.2.4   Competences and Tasks

For a successful establishment of a health region as well as a successful management, versatile competences are needed. The range of tasks of regional Health Network Managers is wide. Central tasks include the initiation, planning,

implementation and professional support of regional development processes. Additional tasks involve, among others, the strengthening of skills of specialists (cf. Rundholz 2016, p. 33).

According to Buck et al. (2019), part of these tasks are *infrastructure*, *moderation*, *promotion* and *governance*.

Table 2:   Overview of the Core Functions of Network Management

Infrastructure	Moderation	Promotion	Governance
• Resource management • IT strategy • Information systems & communication channels	• Role understanding & responsibility • Intensity of cooperation • Communication & collaboration • Service offers for network members • Network culture	• Member recruitment & administration • Promotion strategy • Networking with external interest groups	• Legal form & contracts • Decision-making mechanisms • Network strategy & goals • Sustainable financing model • Performance monitoring

Source: Own presentation based on data by Buck et al. 2019, p. 10–17.

Infrastructure includes the management of resources, which contains finances, and personnel and physical resources (cf. Buck et al. 2019, p. 452). The securing of financial resources should be targeted through systematic and targeted acquisition of finance. In this way long-term networking can be achieved. An annual investment and project plan should be drawn up to provide a sound basis for discussion (cf. Behrens et al. 2018, p. 10). Furthermore, the IT strategy and suitable communication tools for the network are developed or selected in this area. Clear communication of the selected channels is crucial to avoid misunderstandings (cf. Buck et al. 2019, p. 452–453). In addition to virtual communication, personal exchange is very important in face-to-face meetings. These offer good opportunities to build a relationship of trust (cf. Behrens et al. 2018, p. 11).

The *moderation* of the network is usually done by the managing director. This field of action includes a sensible allocation of resources. In addition, tasks are allocated to the individuals involved in a way that is tailored to their needs. It should be noted that the players have the appropriate skills and capacities. The area moderation is characterized by operational management. Both internal and external inquiries are handled here. It is a neutral support of the communication processes. This can also be understood as a mediator. In order to relieve those

involved, surveys can be conducted to determine the need for support (cf. Buck et al. 2019, p. 454–456). In addition, the transfer of information between the individual committees is also important (cf. Hollederer et al. 2016, p. 4). It is recommended that a code of conduct is agreed upon and processes are clearly defined (cf. Eymann et al. 2018 p. 15).

Governance includes the strategic level of the network. An overarching network strategy is developed together with the stakeholders. Other tasks include the institutionalization of forms and mechanisms of governance. The responsibility structure is decentralized, as it is oriented towards the network. In addition, the formal and informal rules of cooperation within the network are defined and contractually agreed upon. This is particularly important at the beginning of cooperation in the network. In this way responsibilities can be assigned and reliable structures can be established. Governance also includes the control and documentation of events in the network (cf. Buck et al. 2019, p. 454–455). In the Gesundheitsregion[plus] (Bavaria), for example, a semi-annual progress report must be produced (cf. Hollederer et al. 2016, p. 4). Initially, most health regions are founded as associations, then an organization with its own legal form is established. The following legal forms are recommended for managing a health region: GmbH and GmbH & Co KG (cf. Buck et al. 2018, p. 12).

The area of *promotion* deals with public relations work. It includes the creation of a uniform corporate design, the perception of trade fair appearances and the network's Internet presence. In addition, new members are solicited here. It is important to determine an overarching promotion strategy for the network (cf. Buck et al. 2019, p. 456) and to communicate it. Good public relations work can result in financial support for the network, for example, through close contact with public institutions. At no time, the sponsors' interests should have precedence before those of the network (cf. Buck et al. 2019, p. 457). Promotion also includes the organization of events that inform the public about the network and its work. These events could be conferences, symposia or further training courses. For active maintenance of the network, the creation and distribution of a newsletter is recommended (cf. Behrens et al. 2018, p. 16–17).

Regional Health Network Managers need particular personal attributes. These include good coordination, communication and interpersonal skills as well as empathy. The stakeholders' different kinds of interests have to be understood and taken into account. For that purpose, periodic evaluations could be helpful (cf. Buck et al. 2019, p. 452–456). Furthermore, a regional Health Network Manager needs to be convincing, to spread his or her motivation to the associated partners.

Thereby, the manager can strengthen collaboration and commitment within the network (cf. Heckes 2016, p. 62).

3.2.5　Financing and Administration

Regional health networks are financed in various ways. They are either publicly funded within the scope of third-party projects, or by capital contributions provided by the people involved or it is paid by membership fees or income from the network's own economic activities. It is advisable to track project progress using key figures and interactions (cf. Buck et al. 2019, p. 454–455).

3.2.6　Software

A digital connection of the individual players can improve the infrastructure and processes in the network (cf. Bergh et al. 2017, p. 17). For successful management of health regions, it is important to store contact data in a consistent and professional manner. A well-maintained contact database with high data quality is recommended for this purpose (cf. Behrens et al. 2018, p. 17). To optimize the exchange of information within a health region, it is recommended to strengthen digital networking. It is also important to pursue a consistent IT strategy and to take data protection into account. A high-quality digital infrastructure may require high investments in the beginning, but clear advantages, like growing cohesion and a more effective collaboration in the network, will be worth the effort in the long run. Ultimately, patients will benefit from this investment. The work of the regional Health Network Manager can be supported by different software. For example, data exchange software, which is rather cost-effective and already sufficient for some networks. By all means, the scope of the IT system should be measured against the strategy of the network. (cf. Buck et al. 2019, p. 450–453).

Table 3:   Support Potential through Software Solutions in the Management of Health Regions

Software Solution	Type of Support
Financial Management and Resource Management	• Accounting support • Data exchange • Preparation of financial reports
Online Survey	• Support in the joint strategy development • Opinion picture of the network
Project Management Software	• Facilitation of project implementation • Management of project portfolios • Simplification of work in network governance
Knowledge Management Software	• Digital management of network knowledge • Facilitating the discovery and transfer of knowledge
Control Software	• Support in network management • Creation of reports • Control of individual project goals

Source: Own presentation based on data by Buck et al. 2019, p. 460–463.

3.3   Results of the Conducted Interviews

The presentation of the results is done separately for each federal state. Finally, all interviews are summarized together.

3.3.1   Interview Rhineland-Palatinate and Hesse

The interview about the federal states of Rhineland-Palatinate and Hesse was conducted with the test subject EXP_1. The federal state Rhineland-Palatinate has an area of 19 858 km^2 (cf. Rheinland-Pfalz Statistisches Landesamt 2020) and has a total of 4 105 000 inhabitants (status 2021, cf. Demografieportal 2023). The state of Hesse has an area of 21 116 km^2 (Statista 2020) and a population of 6 371 340 (status 2022, cf. Hessisches Statistisches Landesamt 2022).

State-specific information on the healthcare system was provided. The respondent rated the health care systems of the two states in an international comparison on a level of 7–8. A major difference between Hesse and Rhineland-Palatinate is the agglomeration. While Hesse is relatively centrally structured, Rhineland-Palatinate has many small medium-sized centres and is more rural in structure. In both states, there are barriers accessing the healthcare system, especially in rural areas. This is due to the great distance to the central providers. Overall, however, there are only few financial barriers to access the health system, and health facilities are generally well equipped. The respondent EXP_1 rates health promotion and prevention with a 5–6. According to the expert, there is too little investment in public health. In addition, the understanding of the term public health is too fragmented. In the field of resources, EXP_1 names a large backlog of renovation. In terms of information, there is a large supply. Patients can obtain information on health topics of their own motivation, for example on the internet. Here, however, the problem of quality assessment must be taken into account. For patients with a migratory background, many clinics offer multilingual specialists.

Different central challenges arise in the development of health regions. On the one hand, regional Health Network Managers must initiate a transition management between individual wards. On the other hand, the challenge lies in public relations work. The managers are always under public observation and assessment. It is therefore particularly important to report positive developments from their work. The core tasks of the regional Health Network Managers include management and specialist tasks.

- **Management:** project management
- **Technical tasks:** medical economics, health, informatics

The regional Health Network Manager should deal with chronic disease patterns. The respondent EXP_1 recommends cooperation with stakeholders from the healthcare system, the economy and politics.

- **Healthcare system:** state medical associations, service providers, state nursing associations, associations of panel doctors at state and regional level, hospitals, pharmacies, state hospital associations, public health service, public health system
- **Economy:** banks, insurance companies, logistics, IT providers, construction industry, producers, pharmaceutical manufacturers, service providers
- **Politics:** Regional Council

Cooperation with the state medical associations can lead to an increase in the quality of continuing education. The respondent also recommends using health congresses to establish contacts.

The required competences can be categorized as professional knowledge and personal characteristics.

- **Professional knowledge:** health communication, basic knowledge of IT, legal aspects (especially data protection), fund raising, basic pedagogical training in dealing with patients and relatives
- **Personal characteristics:** communication skills

The regional Health Network Manager should comprehend the connection between health and disease. The different living environments of the population must be taken into account. Both positive improvements and concrete problem areas should be considered. In this way, quality parameters can be developed and prepared for future projects.

The respondent EXP_1 considers the completion of a master's programme to be a necessary qualification. He advocates this, among other things, because of regular communication with doctors. A certain amount of practical experience is also profitable. The respondent suggests a dual study programme, which offers both theory parts and room for practice, and recommends a generalist education. The respondent EXP_1 states that there are already educational opportunities for regional Health Network Managers. However, these are not specifically tailored to the needs of the managers. Potential employers are physician networks and health insurance companies. For the future, the respondent would like to see this professional group legally established. Health regions should be administered by the public sector. Regional Health Network Managers have a very important role in healthcare, which they can improve. Among other things, they can improve the referral of patients.

The respondent EXP_1 emphasises that a newly developed software for regional Health Network Managers must be based on existing structures. He reasons this with the encryption of data and the laws on data protection. He would consider software for monitoring the health status of the population to be profitable.

3.3.2   Interview Bavaria

The interview on the state of Bavaria was conducted with subject EXP_2. The federal state has an area of 70 542 000 km^2 (cf. Statista 2020) and a population of 13 331 119 (status 2022, cf. Bayerisches Landesamt für Statistik 2022). EXP_2 rates the current healthcare system at the regional level a 7 on a scale of 1–10. The respondent describes the sectoral separation in the care structures as very pronounced. This causes communication problems among other things. The respondent rates health promotion and prevention a 6. He regrets that only 2 percent of the budget of the statutory health insurance funds is spent on health promotion and prevention measures. Many resources are needed for networking in a health region. Currently, there is one person per health region in Bavaria who coordinates and supervises networking. This is always associated with funding, but the municipalities cannot finance the jobs themselves.

The central challenges in building a health region derive from the strong sectoral separation, which makes it difficult to identify the relevant persons in the respective municipality. For successful development, it is important to identify the central problems and to create an awareness of the problems among those involved. Good public relation work must be done in a networked health region. The creation of and participation in regional working groups can be helpful to promote and identify (common) problems. Core tasks include management, scientific work and presentation.

- **Management:** network management, translation function between players and politics, political consulting, conflict prevention and resolution, acquisition of funding
- **Scientific work:** professional technical support, process evaluation, evaluation of results
- **Presentation:** professional mediation, meeting preparation, preparation of minutes

Regional Health Network Managers in Bavaria should pay special attention to the disease of obesity and the vaccination fatigue of the population. Other problems are the understaffing of family doctors and unequal opportunities for elderly people. The respondent EXP_2 recommends that the subjective perception of the problems of the actors in the healthcare system should be supplemented by in-depth analyses. Regional health indicators and data can be used for this purpose.

After the successful establishment of a health region, challenges can also arise. These lie primarily in the management of the health regions. It is important to strengthen and motivate the stakeholders in their projects, also to promote the

willingness to participate in the individual working groups. However, it is also important that the regional Health Network Manager withdraws from the projects at some point. He or she is not responsible for the management or the conduction of the projects.

For a successful health region, EXP_2 recommends cooperation with a wide range of players from the healthcare system, science, society and politics.

- **Healthcare system:** regional medical associations, health and nursing care insurance companies, self-help, providers of facilities (e. g. Caritas), nursing care, psychotherapists, hospital associations, pharmacies
- **Science:** research, educational institutions, adult education centres
- **Society:** citizens' representations, senior citizens' representatives, sports associations, sports clubs
- **Politics:** specialist representatives of health policy, district administration

The required knowledge and skills of a regional Health Network Manager can be divided into scientific, practical and personal categories. Above all, personal qualities play an important role in the daily routine of a regional Health Network Manager.

- **Scientific skills:** knowledge of public health (study), independent and structured work
- **Practical experience:** work experience, network expansion, public relations, project management, time management
- **Personal qualities:** social skills, empathy, openness to other points of view, communication, assertiveness, mediation skills, frustration tolerance

Subject EXP_2 recommends dealing with the social health dimensions. Here it is important to involve politics. In this way, health-promoting structures and framework conditions can be established. The respondent conceives, for example, of sports equipment in the park.

Subject EXP_2 works in the public health service. There, regional Health Network Managers are employed in the upper and higher services. For the upper service, interested parties need a Bachelor's degree in health sciences, management, health promotion or a similar qualification. At this level, managers work mainly cooperatively and in committees. For employment in the higher service, interested parties require a Master's degree. Their tasks are of professional and strategic nature. They independently conduct scientific analyses and give lectures on their work. There are already training opportunities for the work of a regional

Health Network Manager. However, these are not specifically tailored to this profession. A potential employer is the public health department. It is important that the employer is a neutral body. In this way, collisions of interests and sensitivities can be avoided. The administration of a health region should be in public hands. According to EXP_2, regional health managers make a very valuable contribution to the healthcare of the population. Complex influencing factors arise. This is also noticeable in politics. According to the respondent, the communication of local politics improves. The participants coordinate their actions better and can therefore act more effectively.

In Bavaria, regional Health Network Managers used standard office programme at the time the interview was conducted. According to EXP_2, other programmes would be useful. These include digital tools for communication, budget management, documentation and monitoring. Furthermore, a tool for successful public relations would be useful.

3.3.3   Interview Lower Saxony

The interview on the federal state of Lower Saxony was conducted with subject EXP_3. The federal state has an area of 47 710 km^2 (cf. Statista 2020) and a population of 8 027 031 (2021; cf. Landesamt für Statistik Niedersachsen 2023). His information refers mainly to the city of Braunschweig. The respondent rates the healthcare system at the regional level with a 7–8. In Braunschweig, the special needs of migrants are addressed. These can be difficult to meet through conventional systems. For this reason, an intercultural service centre was set up in Braunschweig that deals specifically with health education and aims to be a support to migrants. The respondent rates the area of health promotion and prevention as 8–9. The city of Braunschweig has good addiction prevention programmes. In general, EXP_3 considers the area of health promotion and prevention underdeveloped and underfinanced. The latter applies especially to the sustainability and evaluation of projects. Resources for healthcare are sufficiently available, especially for doctors and hospitals. However, nursing care is chronically underfinanced. A further problem is that acquiring resources requires a very high level of human resources, which in turn requires financial resources.

According to EXP_3, the central challenge in the development of a health region lies primarily in the location of the manager. A position close to the department is recommended. This can increase the impact of the initiatives. The core tasks of the regional Health Network Manager are both scientific and coordinating.

- **Scientific tasks:** formulation of objectives, evaluation
- **Coordinative tasks:** project management

According to EXP_3, the regional Health Network Manager should deal with mid-wifery care and mental health of the population in Braunschweig in particular and Lower Saxony in general. Especially in Lower Saxony, there are very long waiting times for patients in need of medical treatment. Health in old age and child health are also important topics. Especially the last phase of life in a hospice needs more attention.

Once the health region has been established, different challenges may arise for the regional Health Network Manager. The manager must always keep up to date with the latest scientific findings. To do this, it is important that he or she can access scientific literature quickly and independently. He or she must also develop an understanding of the interests of the stakeholders. In order to initiate and implement projects, the manager needs knowledge in fund-raising.

Respondent EXP_3 names players from the healthcare system as important participants in a health region. This includes all those from the healthcare sector and the prevention chain. The following people involved should be emphasized: outpatient and inpatient doctors, nursing home directors, nursing service providers, health education providers (e. g. adult education centre), self-help groups.

The required competences of a regional Health Network Manager can be categorized into vocational training and personal characteristics.

- **Vocational training:** primary education, basic public health studies, knowledge of group dynamics
- **Personal qualities:** open diplomatic communication, enthusiasm, persuasiveness, persuasive power, diplomatic equipment

Regional Health Network Managers should address physical, social, mental, spiritual, emotional and sexual health dimensions. It is important to know and consider the respective needs of the cohorts. This means lifelong learning and regular self-reflection. Holistic offers should be created.

As a prerequisite for training as a regional Health Network Manager, EXP_3 recommends a degree programme. In this programme, comprehensive skills for analytical, demiological and evaluation skills should be acquired. In addition, knowledge of management practices should be taught. A high proportion of self-learning processes and practical experience are also desirable. According to EXP_3, educational programmes for regional Health Network Managers already exist. However, these are not specifically tailored to the needs of this professional

group. The local authority is responsible for hiring a regional Health Network Manager. Here it needs a neutral employer with neutral interests. The administration of health regions should be in public hands, as otherwise conflicts of interest could impend. Country-specific law should be applied and new laws are necessary in order to achieve current goals.

At the time of the interview, regional Health Network Managers used standard office programmes. In some cases, SPSS, a programme for data processing, was used. Specific programmes of the health office were also used. Digital tools that facilitate non-personal communication would be desirable.

3.3.4   Interview North Rhine-Westphalia

The interview with subject EXP_4 was conducted about the federal state of North Rhine-Westphalia. This federal state has an area of 34 112 km^2 (cf. Statista 2020) and a population of 18 077 762 (status 2022, cf. Landesamt Information und Technik Nordrhein-Westfalen 2023). The expert rates the healthcare system at the regional level at 8.7. There is a wide range of services. However, the healthcare system at the regional level is unfair to vulnerable groups. The system is confusing both for patients and for those responsible. He rates health promotion and prevention at the regional level with 5.5. Here too, vulnerable groups are particularly affected. They have problems accessing the services because they are sometimes less able to assert themselves and articulate their views. In some cases, they do not recognize their needs. These groups include cohorts with low salaries and often people with a migratory background. Their needs are not sufficiently addressed because there is no patient-oriented approach for vulnerable groups. In addition, there is neither a preventive patient orientation nor an integrated approach. Another problem in the healthcare system are the resources, of which there are too few. In addition, the expert criticises that the available resources are not used appropriately.

The central challenges lie mainly in the management of the network. The regional Health Network Manager must facilitate cooperation between the network and the funding agencies. The difficulty also lies in the cooperation of very diverse players. The manager must provide orientation for those involved and motivate them to work well together in the long term. A further challenge lies in identifying regional health problems. To do this, the regional Health Network Manager must create programmes that are patient- and target group-oriented. The core tasks of the regional Health Network Manager include administrative and practical tasks.

- **Administrative tasks:** creation of a platform for different players (a place for the exchange of motives and interests), monitoring
- **Practical tasks:** provision of design perspectives

Regional Health Network Managers in North Rhine-Westphalia should address a wide variety of issues. These include prevention, the needs of vulnerable groups and the integration of patient-oriented care structures. In addition, the potential of digitization should be used. In order to strengthen the healthcare system, more attention must be paid to the initial and further education of skilled workers. In this way, the supply of skilled workers can be ensured.

Challenges can also arise after health regions have been established. These include social communication, political bureaucracy and political democracy. The regional Health Network Manager must understand the subsidy system. A health region consists of a wide variety of players. Their individual aims must be taken into account. EXP_4 recommends the inclusion of the following groups.

- **Economy:** public, private, electrical engineering, cyber security
- **Healthcare:** service providers, supply providers
- **Politics:** municipalities, landscape association, district governments
- **Science:** no mention of in-depth competences

The regional Health Network Manager needs personal skills and professional knowledge for a successful management of health regions.

- **Personal skills:** intrinsic motivation, sense of action
- **Professional knowledge:** understanding of health science issues, interdisciplinary knowledge, knowledge of business administration, knowledge of digitization, understanding of life sciences

The regional Health Network Manager should pay special attention to the population's health-related self-consciousness, health orientation and vulnerable groups.

Respondent EXP_4 recommends the completion of a master's degree or doctorate in the field of social science, organization science or innovation science. Practical experience could also be useful. The respondent reports on a training programme for regional Health Network Managers. But the programme was not positively accepted because of its unprofessional organization.

Potential employers are cities and municipalities. In addition, there are employment opportunities in health management, at chambers of commerce and health insurance companies. The administration of health regions should be regulated

by civil services. Financing could be based on membership fees. Respondent EXP_4 estimates that the work of a regional Health Network Manager could trigger forward orientation and help to improve the health system, health products and health services.

According to subject EXP_4, regional Health Network Managers use common office programmes.

3.3.5   Interview Saarland

The interview with subject EXP_5 was conducted about the situation in the federal state of Saarland. The federal state has an area of 2572 km^2 (cf. Statista 2020) and a population of 993 000 (status 2022; cf. Statista 2023). The respondent rates the healthcare system in Saarland with a 7–8. Due to the small size of Saarland, communication in the healthcare system is very good. Health promotion and prevention, which is particularly important for school children and the elderly population, is rated with a 6. The financial and human resources in Saarland are also excellent. There is a partial overcapacity of these resources. This mainly affects hospitals. Respondent EXP_5 recommends fewer clinics and rather specialized clinics instead of many small ones. There is a lack of family doctors in Saarland. The federal state government already reacts to the lack of family doctors by supporting medical students financially, who commit to remain in Saarland after finishing university. There is a good infrastructure in the health region Saarland. However, waiting times for specialized doctors' appointments can be long.

One of the central challenges in the development of a health region is to find compromises between the individual players. Different interests must be considered and negotiated and politicians should be involved. The core task of a regional Health Network Manager is linking the health sector. To do this, he or she needs comprehensive knowledge of the health system and an open mind. Regional Health Network Managers should pay particular attention to the nature of the target group. According to EXP_5, the manager does not carry out his or her own projects, but delegates them as much as possible. One of the challenges after building up the health region is that the manager has to keep up to date with the latest developments in healthcare. For this he can consult the press or institutions.

Respondent EXP_5 recommends cooperation with stakeholders from the healthcare system, politics and economy. These include:

- **Healthcare:** hospital owners, health insurance companies, those working in the medical profession, medical associations, nursing council, associations of panel doctors
- **Politics:** state governments
- **Economy:** industry

For successful work as a regional Health Network Manager, professional and personal knowledge is required.

- **Professional knowledge:** basic medical knowledge, basic economic knowledge
- **Personal characteristics:** social competence

Subject EXP_5 hopes that regional Health Network Managers will improve the image of the healthcare system. He recommends the regular examination of current research findings and the intensive study of the topic of nutrition.

On the one hand, EXP_5 considers a degree course to be a prerequisite for training as a regional Health Network Manager. However, he emphasizes that personality is more important. The respondent states that there is currently no training programme for regional Health Network Managers. A potential employer is the municipality. However, at the time of the survey, the municipality is not recruiting regional Health Network Managers in the Saarland. Health regions should be privately administered. Currently, the respondent considers regional Health Network Managers to be well-integrated into the healthcare system.

The respondent EXP_5 states that there is no use of specific software in health regions in Saarland.

3.3.6   Summary of the Interviews

In total, five interviews were conducted with representatives of health science, health organizations and health regions. Diverse and interesting information about the management of health regions is the result. The focus is on the federal states of Lower Saxony, North Rhine-Westphalia, Hesse, Rhineland-Palatinate, Bavaria and Saarland.

The interviews show that there are access barriers for patients in the German health system. On the one hand, these are based on problems with the infrastructure, especially in rural areas. On the other hand, access barriers arise for vulnerable groups. These arise especially for people with a migratory background due to language problems and the understanding of their own health. The

conventional systems for addressing patients are often of little use here. However, many clinics are showing approaches of solving language-related problems and deploy multilingual staff. The sectoral separation in the healthcare system is described as very pronounced. At this point, successful management of health regions could improve the care of the population. Health promotion and prevention are partly underfinanced. Care in particular is chronically underfinanced.

The respondents recommend the inclusion of people involved in the healthcare system, business, politics, science and society in regional health networks. The successful development of a health region can be promoted by identifying central problems and creating awareness of these circumstances. This represents one of the greatest challenges and certainly claims many resources. Another difficulty is the cooperation with stakeholders from different areas.

The following overview shows the identified competences of a regional Health Network Manager.

Table 4:   Competences of a Regional Health Network Manager

Professional	Knowledge of digitalization, basic knowledge of IT, knowledge of business administration
	Health communication, basic pedagogical training in dealing with patients and relatives, basic medical knowledge, understanding of health science issues
	Fund raising, legal aspects (especially data protection), knowledge of group dynamics
Scientific	Knowledge in public health, independent and structured work
Practical	Practical work experience, network expansion, public relations, project management, time management
Personal	Empathy, social competence, open diplomatic communication
	Enthusiasm, persuasiveness, frustration tolerance, intrinsic motivation
	Assertiveness, presentation and mediation skills, sense of action

The test persons recommend a generalist education that includes administrative and technical knowledge as well as management content. Training opportunities for regional Health Network Managers already exist But these are not specifically developed for this professional group. A regional Health Network Manager must constantly educate and reflect him- or herself.

When creating the post of a regional Health Network Manager, it is important to ensure that he or she works for a neutral institution. A potential employer is, for example, the public health department.

The test persons show interest in the development of a software that supports regional Health Network Managers. It is recommended to build on existing structures. Tools for communication, budget management, documentation and monitoring would be helpful for future regional Health Network Managers.

3.4   Discussion and Conclusion

3.4.1   Strengths and Weaknesses of the Research Methods

Due to the lack of a consistent job description of a regional Health Network Manager, it is difficult to find research literature on the required competences and skills. During the literature research it became clear that the publications concerning regional health networks are mostly grey literature or political contributions. However, the practical relevance of these contributions also offers a real insight into the activities of a regional Health Network Manager. Due to the COVID-19 pandemic, it was difficult to conduct the interviews in a consistent manner. This is due to distancing rules and various institute-specific rules regarding the use of video conferencing.

3.4.2   Summary of the Results

The research questions regarding the circumstances, structures, challenges and competences of a regional Health Network Manager in Germany could be answered comprehensively. The results of the literature review and the expert interviews show similar trends with regard to the German healthcare system and regional Health Network Managers. Both methods describe the strong sectoral separation in the healthcare system. This can lead to poorer patient care. The difficulties of rural healthcare are also defined as challenging. The current national health goals of "growing up in a healthy way" and "growing older in a healthy way" are reflected in the experts' responses to the survey of relevant topics in

health regions. The research methods revealed that there is no consistent administrative strategy for health regions. Both the literature research and the interviews show that there is neither a uniform definition nor a curriculum for regional Health Network Managers in Germany. Cooperation with all players in the health sector is recommended: health, economy, politics, science and society. The literature research and interviews result in tasks that can be assigned to the areas of infrastructure, mediation, promotion and governance. The regional Health Network Manager needs versatile competences. These are found in the literature research only as a marginal topic. In contrast, the expert interviews provide a comprehensive picture of the required competences. These can be classified as professional, scientific, practical and personal competences. These include empathy, open diplomatic communication and intrinsic motivation. Particularly the personal authority of a regional Health Network Manager is defined in detail.

For the development of a software for the management of health regions, a consistent strategy as well as compliance with data protection is recommended as particularly important. The interviews revealed that tools to support budget management, documentation and monitoring would be useful.

3.5   Recommendations for Stakeholders and Policy Makers

The following recommendations refer to stakeholders and political decision makers:

- Increase of financial resources for human resources in the management of health regions
- Observance of country- and state-specific law in the development of health regions
- Long-term legal establishment of managers for health regions
- Employment of regional Health Network Managers in the upper and higher service
- Clear definition of the term Public Health

3.6 Recommendations for Regional Health Network Managers in Germany

For regional Health Network Managers in Germany, the following recommendations apply:

- Identification of key problems in the region, taking into account health reporting and regional health indicators
- Attention to the needs of vulnerable groups
- Attendance of health congresses to establish new contacts
- Strong public relations work about positive work in the health region
- Involvement of politics to increase the establishment of health-promoting structures and framework conditions

Bibliography

Angerer, A. / Liberatore, F. / Schmidt, R. (2017): Das Netzwerk Gesundheitsökonomie Winterthur – Vernetzungsgrade sowie Erfolge in der Schnittstellenkoordination. In: Management von Gesundheitsregionen II. Wiesbaden.

Behrens, Y. / Geremek, M. / Scharfenorth, K. (2020): Europe's Health Systems. Presentation of the health systems of Bulgaria, Poland and Germany. Essen.

Behrens, Y. / Macher, S. / Kollányi, Z. / Morales Moreno, I. / Iltchev, V. / Romaniuk, P. / Alcer, K. / Kaczmarek, K. / Brukało, K. / Morales Hernández, C. / Palacios Ramírez, J. / Ferrándiz Gomis, R. / López Arroyo, J.M. / Ranchev, N. / Amort, F.M. / Kösters, I. (2022): Competences in Health Network Management – A Textbook for Training Regional Health Network Managers. In: Matusiewicz, D. / Cassens, M. (eds.): ifgs Schriftenreihe, Vol. 27. Essen. https://forschung.fom.de/fileadmin/fom/forschung/ifgs/Schriftenreihe/FOM-Forschung-ifgs-Schriftenreihe-Band27-Behrens-et-al-Competences-in-Health-Network-Management-Textbook-2022.pdf.

Bergh, B. / Heinze, O. / Munshi, S. / Szecsenyi, J. (2017): Intelligente Vernetzung in der Gesundheitsregion Rhein-Neckar. In: Management von Gesundheitsregionen II. Wiesbaden. S. 11–20.

Buck, C. / Burster, S. / Sarikaya, S. / Thimmel, J. / Eymann, T. (2019): Digitale Gestaltung innovativer Gesundheitsnetzwerke – Erfolgreiches Netzwerkmanagement im Gesundheits- und Dienstleistungssektor. In: Digitale Transformationen von Dienstleistungen im Gesundheitswesen VI. Wiesbaden. S. 447–473.

Bundesministerium für Gesundheit (2020): Das deutsche Gesundheitssystem. Leistungsstark. Sicher. Bewährt. Berlin. https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Gesundheit/Broschueren/200629_BMG_Das_deutsche_Gesundheitssystem_DE.pdf.

Eymann, T. / Buck, C. / Burster, S. / Sarikaya, S. / Behrens, L. / Keweloh, C. (2018): Reifegradmodelle zur Gestaltung und Entwicklung erfolgreicher Gesundheitsnetzwerke. s.l. https://indiger.net/wp-content/uploads/2018/10/INDIGER_UNI-BT_Reifegrade.pdf.

Goldschmidt, A. (2020): Wirtschaftlichkeit von Krankenhäusern – Teil I der neuen Serie „Ethik, Gesundheitsversorgung und Ökonomie". In: Hessisches Ärzteblatt 2. https://www.laekh.de/heftarchiv/ausgabe/artikel/2020/februar-2020/wirtschaftlichkeit-von-krankenhaeusern.

Heckes, K. (2016): Vernetzte Gesundheitswirtschaft im Münsterland: Überlegungen zur Architektur, zu Gelingensfaktoren und Fallstricken regionaler Gesundheitsnetzwerke. In: Management von Gesundheitsregionen I. Wiesbaden. S. 57–66.

Hollederer, A. / Eicher, A. / Pfister, F. / Stühler, K. / Wildner, M. (2016): Gesundheitsregionen[plus] in Bayern. In: Management von Gesundheitsregionen I. Wiesbaden. S. 1–10.

Jedamzik, S. (2017): Praxisnetz GO IN e. V. – Erfolgsfaktoren für Gesundheitsregionen. In: Management von Gesundheitsregionen III. Wiesbaden. S. 57–64.

Kettner-Nikolaus, F. (2017): Bottom-up-Strategie zur Entwicklung einer nachhaltigen Netzwerklösung – Erfahrungen aus der Gesundheitsregion Hannover. In: Management von Gesundheitsregionen II. Wiesbaden. S. 21–29.

Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen e. V. (2018): Gesundheitsregionen Niedersachsen. Leitfaden. Hannover. https://www.ms.niedersachsen.de/startseite/gesundheit_pflege/gesundheit/gesundheitsregionen_niedersachsen/gesundheitsregionen-niedersachsen-119925.html.

OECD/European Observatory on Health Systems and Policies (2017): Deutschland: Länderprofil Gesundheit 2017, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels. http://dx.doi.org/10.1787/9789264285200-de.

Rundholz, E. (2016): Netzwerkmanagement der Gesundheitsregion Bayreuth als Aufgabe der Regionalentwicklung/des Regionalmanagements. In: Management von Gesundheitsregionen I. Wiesbaden. S. 29–37.

Online Resources:

Bayerische Staatskanzlei (2019): https://www.gesetze-bayern.de/Content/Document/BayVV_2126_0_G_10773/true?AspxAutoDetectCookieSupport=1, requested on 21/10/2020.

Bayerisches Landesamt für Statistik (2022): https://www.statistik.bayern.de/presse/mitteilungen/2022/pm283/index.html, requested on 11/01/2023.

Bundesministerium für Gesundheit (2021): https://www.bundesgesundheits-ministerium.de/service/begriffe-von-a-z/r/rauchen.html, requested on 11/01/2023.

Bundesministerium für Gesundheit (2022): https://www.bundesgesundheitsmi-nisterium.de/service/begriffe-von-a-z/a/alkohol.html#:~:text=Durchschnitt-lich%20werden%20pro%20Kopf%20der,zehn%20Liter%20reinen%20Alko-hols%20konsumiert, requested on 11/01/2023.

Demografieportal (2023): https://www.demografie-portal.de/DE/Politik/Meldungen/2022/220114-rheinland-pfalz-mehr-als-4-1-millionen-einwoh-ner.html#:~:text=Mehr%20als%204%2C1%20Millionen%20EinwohnerRhe inland%2DPfalz%2014.01.,Pfalz%20rund%204.105.000%20Menschen, requested on 11/01/2023.

DESTATIS Statistisches Bundesamt: https://www.destatis.de/DE/Themen/Ge-sellschaft-Umwelt/Gesundheit/Gesundheitsausgaben/_inhalt.html, reques-ted on 11/01/2023.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.a): https://gvg.org/de/topic/129.ver%C3%B6ffentlichung-des-gesundheitsziels-patientensicherheit.html, requested on 18/01/2023.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.b): https://gvg.org/de/topic/97.9-nationale-gesundheitsziele.html, requested on 18/01/2023.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.c): https://gesundheitsziele.de/nationale_gz/tabakkonsum, requested on 13/10/2020.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.d): https://gvg.org/wp-content/uploads/2022/01/Aktualisierung_Gesundheits-ziel_Patientensouveraenitaet_2011.pdf, requested on 13/10/2020.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.e): https://gesundheitsziele.de/nationale_gz/gesund_aelter, requested on 13/10/2020.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.f): https://gesundheitsziele.de/nationale_gz_alkoholkonsum, requested on 13/10/2020.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.g): https://gesundheitsziele.de/nationale_gz/geburt, requested on 13/10/2020.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.h): https://gesundheitsziele.de/gz_in_den_bundeslaendern_2, requested on 13/10/2020.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.i): https://gvg.org/wp-content/uploads/2022/01/Diabetes_bericht_final_ 2003.pdf, requested on 16/11/2023.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.j): https://gvg.org/wp-content/uploads/2022/01/030214_bericht_final1_Brust-krebs.pdf, requested on 16/11/2023.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.k): https://gvg.org/wp-content/uploads/2022/01/Gesund_aelter_werden_2012_ lang.pdf, requested on 16/11/2023.

Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (n. d.l): https://gvg.org/wp-content/uploads/2022/01/Gesundheitsziele_Depression_ BMG_01-03-06.pdf, requested on 16/11/2023.

Gesundheitsregion Bäderland Bayerische Rhön (n. d.): https://www.gesundheits-region-baederland.de/gesundheitsregion/pressemeldungen/53-gesund-heitsforum-der-gesundheitsregion-plus-konstituiert.html, requested on 14/10/2020.

Gesundheitsregion[plus] Landkreis Ansbach und Stadt Ansbach (n. d.): http://www.gesundheitsregionplus-ansbach.de/-ber-uns/Gesundheitsforum, requested on 14/10/2020.

Hessisches Statistisches Landesamt (2022): https://statistik.hessen.de/sites/sta-tistik.hessen.de/files/2022-10/AI2_AII_AIII_AV_22-1hj_2kA.pdf, requested on 11/01/2023.

Landesamt für Statistik Niedersachsen (2023): https://www.statistik.niedersach-sen.de/startseite/themen/bevoelkerung/bevolkerungsstand_einwohner-zahl_niedersachsens/bevolkerungsstand-einwohnerzahl-niedersachsens-tabellen-201964.html, requested on 11/01/2023.

Landesamt Information und Technik Nordrhein-Westfalen (2023): https://www.it.nrw/nrw-einwohnerzahl-erstmals-seit-2006-wieder-ueber-18-millionen-18100#:~:text=Ende%20Juni%202022%20lebten%20im,Pro-zent)%20h%C3%B6her%20als%20zu%20Jahresbeginn, requested on 16/11/2023.

Landkreis Günzburg. Die Familien- und Kinderregion (n. d.): https://gesund-heit.landkreis-guenzburg.de/gesundheitsregionplus/regionale-gesundheits-ziele, requested on 13/10/2020.

Rheinland-Pfalz Statistisches Landesamt (2020): https://www.statis-tik.rlp.de/no_cache/de/gesellschaft-staat/bevoelkerung-und-gebiet/presse-mitteilungen/einzelansicht/news/detail/News/2894/, requested on 07/10/2020.

Robert Koch Institut (2021): https://www.rki.de/DE/Content/Gesundheitsmonitor-ing/Themen/Uebergewicht_Adipositas/Uebergewicht_Adipositas_node.html#:~:text=Nach%20Selbstangaben%20aus%20den%20Jahren,%25)%20weisen%20eine%20Adipositas%20auf, requested on 11/01/2023.

Statista (2020): https://de.statista.com/statistik/daten/studie/154868/umfrage/flaeche-der-deutschen-bundeslaender/, requested on 07/10/2020.

Statista (2023): https://de.statista.com/statistik/daten/studie/71085/umfrage/verteilung-der-einwohnerzahl-nach-bundeslaendern/, requested on 16/11/2023.

Further Publications Resulting from the Project Competences in Health Network Management

In the project Competences in Health Network Management (Com.HeNet), further publications focusing on the management of health regions were published. The respective national results were presented separately and comparatively. Based on the project results, a textbook for regional health network management was published.

In addition, project descriptions have been published. All publications are available open access.

Amort, F. / Movia, M. / Cassens, M. (2020): Kompetenzprofil für das Management von Gesundheitsregionen 23. Wissenschaftliche Tagung der Österreichischen Gesellschaft für Public Health (ÖGPH) 5/2020. https://doi.org/10.1055/s-0040-1709061.

Behrens, Y. / Cassens, M. (2021): Competences in Health Network Management (Com.HeNet). In: European Journal of Public Health, Vol. 2021, No. 31. https://doi.org/10.1093/eurpub/ckab164.772.

Behrens, Y. / Kösters, I. / Macher, S. / Kollányi, Z. / Morales Moreno, I. / Iltchev, V. / Romaniuk, P. / Alcer, K. / Kaczmarek, K. / Brukało, K. / Morales Hernández, C. / Palacios Ramírez, J. / Ferrándiz Gomis, R. / López Arroyo, M. / Ranchev, N. / Amort, F. / Kösters, I. (2022): Competences in Health Network Management – A Textbook for Training Regional Health Network Managers. In: Matusiewicz, D. / Cassens, M. (eds.): ifgs Schriftenreihe. Vol. 27. Essen. https://forschung.fom.de/fileadmin/fom/forschung/ifgs/Schriftenreihe/FOM-Forschung-ifgs-Schriftenreihe-Band27-Behrens-et-al-Competences-in-Health-Network-Management-Textbook-2022.pdf.

Behrens, Y. / Movia, M. (2020): Competences in Health Network Management (Com.HeNet). In: Österreichische Gesellschaft für Gesundheitswissenschaften und Public Health (ÖGPH) (ed.), ÖGPH. https://oeph.at/wp-content/uploads/2015/08/GPH_Newsletter_Maerz-2020-fin_2.pdf.

Behrens, Y. / Romaniuk, P. (2021): Workshop: Competences in Health Network Management. In: European Journal of Public Health, Vol. 2021, No. 31. https://doi.org/10.1093/eurpub/ckab164.771.

Kollányi, Z. / Horváth, G. (2021): Competence Profile of Regional Health Network Managers. In: European Journal of Public Health, Vol. 2021, No. 31. https://doi.org/10.1093/eurpub/ckab164.776.

Kollányi, Z. / Horváth, G. / Movia, M. / Amort, F. / Todorovska, N. / Yordanov, H. / Iltschev, V. (2021): Competences in the Management of Health Regions: Hungary, Bulgaria, Austria. In: European Journal of Public Health, Vol. 2021, No. 31. https://academic.oup.com/eurpub/article/31/Supplement_3/ckab16 4.774/6405275?fbclid=IwAR1R12mGeLyT7rrMagWIp-6hrqNNnV2OsGTW yFtiaV7XWL4nkyshyLWLyoA&login=true.

Macher, S. / Amort, F. / Behrens, Y. / Movia, M. (2022): Kompetenzprofile von Gesundheitsnetzwerks-Manager*innen. In: Österreichische Gesellschaft für Public Health (ed.): ÖGPH-Newsletter September 2022.

Movia, M. / Amort, F. (2021): Identification of Competences in Regional Health Network Management. In: European Journal of Public Health, Vol. 2021, No. 31. https://doi.org/10.1093/eurpub/ckab164.773.

Romaniuk, P. / Behrens, Y. / Morales, I. / Kaczmarek, K. / Cassens, M. / Rodríguez López, C. (2021): Competences in the Management of Health Regions: Germany, Poland and Spain. In: European Journal of Public Health, Vol. 2021, No. 31. https://doi.org/10.1093/eurpub/ckab164.775.

Appendix

Interview Guideline: Competences in Health Network Management

Metadata

Interview code	
Interviewer	
Date	
Time	
Interview duration	
Interview method	Semi-structured interview: Face-to-face Via Telephone

Preliminary Remarks/Introduction

Hello, my name is _____, I work at _____ and I am involved in the Erasmus + project called "Competences in Health Network Management".

In this context, I have a few questions for you and would be happy if you have approx. 20 minutes to answer them. Information gathered through this interview is very important for the further course of the present project!

The interview is processed anonymously, the statements are not assigned by name to the individual interview partners, only structured and summarized. These results should serve to create a competence profile for regional health managers in [COUNTRY/ REGION].

Health regions often describe themselves as geographically defined clusters that aim to ensure a coordinated health and social care of the population through a network of all stakeholders involved in the supply process. *[For more information see Info sheet]*

Do you agree that this conversation will be recorded?

O Yes   O No

Do you have any general questions in advance?

Information for the Interviewer:

Additional information for the interviewer is presented *in italics.*

Part A: Questions about the interviewee's professional activities

1. In which business field is your company/organization active?

2. In which position do you work in the company/organization?

3. Which tasks do you perform in your company/organization?

Part B: Regional Assessment: [COUNTRY/ REGION]

4. What do you think about the current healthcare system at regional level in [COUNTRY/REGION]? *[Provision of health offers, overcoming access barriers, offers for target groups that are difficult to reach, transparency of the structures in the healthcare system, etc.] Please also rate on a scale from 1 to 10 (10 = excellent, 1 = very bad).*

5. What do you think about the topics health promotion and prevention at regional level in [COUNTRY/REGION]? *[Provision of health offers, overcoming access barriers, offers for target groups that are difficult to reach etc.] Please also rate on a scale from 1 to 10 (10 = excellent, 0 = very bad).*

6. What do you think about the resources for healthcare at the regional level in [COUNTRY/REGION]? *[infrastructure, material resources, project funds acquired, knowledge and information, social resources]*

Part C: Assessment of the Competences of Health Network Managers in [COUNTRY/ REGION]

7. What are/might be key **challenges and problems** (for regional Health Network Managers) when developing a health region in [COUNTRY/REGION]?

8. Which **core tasks and core activities** should Health Network Managers in [COUNTRY/REGION] fulfill?
    [If respondent has difficulties answering the question, give examples: management/project management, communication, social skills, healthcare, care ...]

9. What **topics or subjects** should regional health managers in [COUNTRY/REGION] deal with? *[If respondent has difficulties answering the question, give examples: type of target groups, settings, behaviours…]*

10. What kind of **challenges and problems** are/may regional Health Network Managers be facing in the course of their work?

11. With which **organizations and stakeholders** should regional Health Network Managers in [COUNTRY/REGION] work/cooperate?

12. What **competences** and qualifications do regional health managers in [COUNTRY/REGION] need, to be able to perform the core tasks/activities mentioned above?

13. Which **dimensions** of health do you think the work of regional Health Network Managers in [COUNTRY/REGION] relates to? *[If respondent has difficulties answering the question, list dimensions: physical, social, mental, spiritual, emotional, or sexual]*

14. Which health **determinants** are important in terms of the work as regional Health Network Manager in [COUNTRY/REGION]? *[In the sense of the determinant model according to Dahlgren & Whitehead, 1991 – If the interviewee has difficulties answering the question, show the model in printed form.]*

Part D: Assessment of Training and Job of Regional Health Managers in [COUNTRY/REGION]

15. What requirements are needed to complete a training as regional Health Network Manager?

16. Are there already any education opportunities for Health Network Managers (or equivalent) in [COUNTRY/REGION]?

17. Which organizations would be suitable to employ a regional Health Network Manager in [COUNTRY/REGION]? *[e. g. municipality, primary health units, self-employed, etc.]*

18. How should regional health networks be **administered** in [COUNTRY/REGION]? *[Publicly or privately financed? Obligatory or voluntary? Should it be regulated by national law? etc.]*

19. How important are Health Network Managers for regional healthcare in [COUNTRY/REGION]?

Part E: Assessment of Software Used in [COUNTRY/REGION]

20. What software products do you use within a health region?
[INFO: Questions 21 to 24 should only be answered if the respondent works actively in a health region and has answered that they use software products within a health region in question 20.]

21. Does this product require you to enter data for the health region and if yes, what kind of data?

22. What is the important information that you obtain from the software product?

23. Does the software product use data from external databases to provide the needed information?

24. What kind of additional information (that is not currently collected and processed) would be useful in a health region?

Clarifying Questions

Would you like to add anything regarding this topic, which we did not discuss?

Demographic Data

- Age: _____

- Gender:

    ❑ male
    ❑ female
    ❑ divers

- Place of residence: _____

- Highest level of education:

- ❑ Compulsory school
    ❑ Vocational training
- ❑ A Level
- ❑ University
- ❑ Others

Closure

Thank you very much for taking the time for the interview! If you have any further questions, please do not hesitate to contact me at any time.

End of the interview: _____

[Switch off dictation device]

Observational protocol:

Subjective assessment of the interview:

_____

_____

Problems/interruptions (f.e.: phone call, noise):

_____

_____

Further comments:

_____

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