

EDITORIAL

Raising All Boats

While our College of Population Health will always have the distinction of being the nation's first such college, we recognize that both undergraduate and graduate education in population health is a burgeoning field. In fact, we were very fortunate to host a panel that highlighted the growth in such educational programs at the 2017 Annual Research Meeting of [AcademyHealth](#) in New Orleans, LA. I would like to summarize aspects of our presentation, and put the work of our college into a broader national context.

AcademyHealth is probably the most prestigious membership organization focused on linking health services research to policy implementation. The organization's 50-year commitment to the field was recounted in a recent editorial in their journal, [Health Services Research](#). In it, Executive Director Dr. Lisa Simpson states that, "...what endures is our field's thirst for relevant knowledge that will improve health in the performance of the health system. What is even more prominent today, however, is the imperative to translate our research into policy and practice impact for our field to continue to be supported by taxpayer investments."¹ I believe that the expansion of educational programs in population health may serve as the bridge between the public health and health services research communities for the betterment of our presently dysfunctional healthcare system.

Additional research and commentary by other national leaders supports my thesis, including [Dr. Robert H. Brook](#), of [RAND Health](#) and University of California, Los Angeles. In a comprehensive review article, Brook notes that there have been essentially a dozen key facts that have emerged from

the aforementioned 50 years of health services research.² Among those key facts, central to our definition of population health are: 1) the U.S. healthcare system is wasteful, but one person's waste is another's income; 2) the most powerful determinants of health are socio-economic; 3) quality of care varies dramatically by where one lives, by socio-economic status, and in some cases, by hospital or doctor; and 4) geography is a powerful predictor of health service use. The research and curriculum that emanates from our college would support all of these emerging truths noted by Dr. Brook.

In a recent *New England Journal of Medicine* article, Lieu and Platt call for a bridge or a frameshift from health services research to applied research that can make a difference in the healthcare system.³ While these more contemporary "call to arms" are nothing new, they are increasing in intensity and number. Again, our own survey research⁴ supports this bridge concept and, with it, the creation of new leadership roles such as the Chief Population Health Officer.

These recent publications were top of mind as I prepared to moderate the special panel discussion in New Orleans. In my opening comments, I noted that the [ASPPH](#) (American Society of Programs and Schools of Public Health) has spent nearly a year trying to define the differences between *public health* and *population health*. I connected the work noted above by leaders such as Simpson, Brook, and Platt. I also explicitly emphasized that while our panel focused on freestanding colleges and schools, there is a broad national movement in academic medicine to create Divisions of Population Health within Departments of Medicine across the country.

After my comments, I introduced each of the three key guest panelists in turn. The first was [Dr. Debra Helitzer](#), the former Dean at the [University of New Mexico \(UNM\), College of Population Health](#). Her research has focused on interventions in communities and clinical settings in collaboration with clinician experts. She described UNM's unique program, which is focused on undergraduate education in population health. She explained the idea of "working backwards" to create cross-cutting competencies for undergraduates, with a special focus on prevention and the social determinants of health. The students in this program are obligated to put together an undergraduate portfolio of their experiences and to commit to a summer experience working in the community. Dr. Helitzer explained that New Mexico is only one of four majority/minority states in our country at this time. As such, the UNM bears a special responsibility for improving rural health across the state.

The panel second speaker was [Dr. James Carlson](#), Dean of the College of Health Professions, and Associate Vice-President for Clinical Simulation at the [Rosalind Franklin University of Medicine and Science](#) in Chicago, IL. He described their nascent certificate programs in Population Health Strategies and Population Health Analytics (four courses each) that, at this moment in time, carry graduate-level transcriptable credit. He explained that their Provost is considering approval of a Master's degree that they hope to implement by the fall of this year. Their programs have a heavy emphasis on inter-professional education. Dr. Carlson noted that the evolution of their population health graduate certificate arose from a campus-wide "new program task force" that issued a report in 2014 noting the need for such graduate education in Illinois.

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The third panel speaker was Dr. Bettina Beech, the founding Dean of the John D. Bower School of Population Health on the campus of the University of Mississippi Medical Center in Jackson, MS. Like New Mexico, Mississippi bears the burden of being among the poorest states in the nation, and has ranked dead last for most health outcome-related measures since 1991. For example, it has the highest rates of obesity, hypertension, and the like. As the founding Dean, Dr. Beech described the four departments that make up her school, including population health, data science, preventive medicine, and health economics. I believe they are the only school of population health with an imbedded preventive medicine residency program, whereby physician trainees in preventive medicine will obtain a Master's degree in Population Health by the conclusion of their clinical training.

The final speaker of our distinguished panel was our very own Dr. Billy Oglesby, Associate Dean for Academic and Student Affairs at JCPH. Billy did an outstanding job outlining all four of our exclusively online Master's degrees with a special focus, of course, on our programs in population

health. These programs include our one-week, 40-contact hour (continuing education) Population Health Academy, our 6-course, 18-credit transcriptable Certificate in Population Health, and our leading Master's degree in Population Health. Billy also publicly unveiled for the first time our plans to launch a new Master's degree program in Population Health Intelligence. The program curriculum is built upon three foundational themes-*data, insight, and action*. Population Health Intelligence combines the knowledge of population health with the skills to collect, harmonize, analyze and disseminate data, and then lead organizations to act on those insights.

Following the four presentations, I moderated a robust question and answer period among the panelists, and from members of the audience. I was particularly impressed by questions from other educational leaders at organizations like the University of Rochester School of Medicine and Dentistry, and leaders from several state hospital associations anxious to hire graduates of all four programs!

In the near term, we are likely to see many additional certificate and graduate programs

in population health. It is our intent to catalog and survey these programs in the very near future. While I am extremely proud and privileged to be the founding Dean of the nation's first such college, I recognize, as do my colleagues, that the entrance of many other distinguished educational centers into the field of population health "raises all boats." That is, as our field matures, there is plenty of room for diversity in our approach to the myriad challenges that our health system faces. I welcome the detailed discussion within the "House of Academic Public Health," best represented by ASPPH, as we come to terms with this paradigm shift. We believe that population health is the bridge to the future, and it represents the best chance for creating leaders who can fix this delivery system mess. Jefferson's leadership role in population health will serve the delivery system well and will continue to contribute to improving the health of our citizens.

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