Health & Wellness

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The United States spends more on healthcare than any other nation—about $9,500 per person per year—but ranks 17th in quality of life, while medical error is the third-leading cause of death.

This is evidence of a system, or systems, in disarray. But it is also an opportunity for scholars in the Jefferson College of Population Health (JCPH), the only college of its kind in the United States, to rethink how health and well-being are integrated into our lives and communities.

Population health includes public health concepts, but is a more expansive perspective that is bottom-up rather than top-down like the policy orientation typically associated with public health. Though we're looking at populations, analyzing trends and asking big questions, the result is personal.

We start with how individual patients interact with their communities and medical providers to understand the context of care delivery both as discrete events and longitudinally over time. This enables us to understand how each episode of care can be more impactful in order to make our healthcare dollars go further.

This comes from the knowledge that poverty is perhaps the most accurate predictor of health and longevity. To move from volume to value is to improve accessibility, an issue close to home for JCPH, as Philadelphia has the greatest life expectancy disparity between ZIP codes of any major city in the country.

And JCPH is turning theory

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into practice through numerous initiatives, such as our one-of-a-kind partnership with the 1889 Foundation to create the 1889 Jefferson Center for Population Health in Johnstown, Pennsylvania. Established by a generous $7.5 million gift from the Foundation, this collaboration is investigating and treating the health needs of residents in Cambria and Somerset Counties—the poorest in Pennsylvania.

To accomplish this, our work combines a sensitivity to local cultural and economic factors with an evidence-based methodology geared to provide a clear picture of the mechanisms that help or hinder healthy behaviors. Among other issues, we hope to tackle rural manifestations of the opioid epidemic currently sweeping our nation.

Our ultimate goal is to devise policy and clinical best-practice recommendations that can be implemented at the local, state, and even national level to effect change in Johnstown and communities like it throughout the country.

David B. Nash, MD, MBA is the founding dean of JCPH and the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy. He has been at Jefferson for more than 25 years and has played an instrumental role in the University's and Hospital's adoption of population health practices. He is internationally recognized for his work on physician leadership, outcomes research and quality-of-care improvement. Dr. Nash is a board-certified internist and editor-in-chief of the American Journal of Medical Quality, Population Health Management, P&T, and American Health and Drug Benefits. For more information about population health, please email David.Nash@jefferson.edu.

At a Glance: Jefferson College of Population Health

What is Population Health?
Population health is different from public health. While public health is what society collectively does to ensure healthy conditions, population health is concerned with the determinants and factors that influence health over one's lifetime.

First of its Kind
JCPH was established in 2008 as the first school of its kind in the United States.

Degree Offerings
- Five master's programs: Population Health; Public Health; Health Policy; Healthcare Quality & Safety; and Applied Economics & Outcomes Research
- PhD program in population health sciences
- 6 graduate certificate programs: Population Health; Public Health; Operational Excellence; Health Policy; Healthcare Quality & Safety; and Applied Economics & Outcomes Research

Students and Faculty
- Approximately 300 students
- Average student age is 45, most already credentialed as nurses, pharmacists, radiation technologists, or other healthcare professionals
- 30 faculty members

	Conventional Healthcare	Population Health
Purpose	• Cure disease	• Prevent disease • Keep people healthy and well
Values	• Diagnosis, treatment and cure • Physician's expertise • Unlimited access to healthcare* *if you can afford it	• Prevent disease • Emphasis on wellness • Timely, high-quality, cost-effective care • Agency and self-efficacy • Coordinated care/ medical home
Methods	• Diagnosis and treatment • Fee-for-service	• Personalized wellness plans • Community engagement and prevention • Global payment • Shared health information
Constraints	• Cost • Continuity of care • Lack of access • Administrative burdens • Limited patient contact	• Implementation cost • Politics
Opportunities	• Greater autonomy	• Cost-effectiveness • Evidence-based/ personalized medicine • Increased quality/error reduction