The Jefferson School of Health Policy and Population Health

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On July 28, 2008, the Board of Trustees approved the establishment of the Jefferson School of Health Policy and Population Health (JSHPPH) as a stand-alone entity within Thomas Jefferson University. This new school will enroll its first students by September 2009. It was the direct outgrowth of a multiyear strategic planning process that identified health policy and population health as immediate priorities crucial to Jefferson as a health care leader in the 21st century.

The Department of Health Policy, including its current faculty, staff, programs, and research, will be organizationally relocated from Jefferson Medical College to form the nucleus of the new school. I will serve as the founding Dean. An advisory committee, composed of key members of the Jefferson community and chaired by Richard C. Wender, MD, Alumni Professor and Chair of the Department of Family and Community Medicine of Jefferson Medical College, will serve as the primary consultative resource for the new school.

The mission of the Jefferson School of Health Policy and Population Health is to prepare leaders with global vision to develop, implement, and evaluate health policies and systems that improve the health of people and thereby enhance their quality of life. The school will fulfill its mission by providing exemplary graduate academic programming, continuing education courses and conferences, and sustained research and consulting in the areas of health policy, population health, and health care quality and safety.

The Master’s in Public Health (MPH) degree and certificate programs, currently offered through Jefferson’s College of Graduate Studies, will move to the new school. Over the next few years, the school will offer certificate and master’s degree programs in health policy, health care quality and safety, and chronic care management. It will also provide doctoral degree programs (PhD and DrHP) in population health and health policy. Because of their innovative and pioneering content, it is anticipated that these programs will help to define the future of education and research in these vital areas.

WHY A SCHOOL OF HEALTH POLICY AND POPULATION HEALTH? WHY NOW?

The answer is simple: the nation’s health care system is in crisis.

- Chronic illness is epidemic and unmanaged, accounting for nearly 80% of all health care spending and affecting 133 million Americans (45% of the population).
- Health insurance premiums have risen by almost 90% since 2000.
- Currently, 47 million Americans are uninsured and 16 million are underinsured.
- Poor and minority populations have limited or no access to health care of any kind.
- The aging of the U.S. population is increasing demands on all sectors of the health care system.
- The Institute of Medicine estimates that almost 100,000 patients die annually in U.S. hospitals as a result of medical errors.
- The failure to incorporate the latest in evidence-based practice leads to misdiagnosis or inappropriate care.
- Threats of national disasters (e.g., Hurricane Katrina) and global epidemics (e.g., Avian flu, MRSA) are ever-present and can easily overwhelm local or national health care resources.

Unfortunately, increased expenditure on health care has not led to increased quality, safety, affordability, or accessibility. Although the U.S. spends more per capita annually for health care (a total of $2 trillion) than any other industrialized country, it ranks at the bottom, even for the most fundamental quality indicators such as infant mortality and life expectancy.

The need to address the health care crisis in the U.S.—its quality, safety, affordability, and accessibility—is incontrovertible. It is no longer possible to prepare high-quality health care providers and educators without addressing these problems holistically from the perspective of population health and with the tools of health policy analysis.

As a discipline, population health is broadly defined as health outcomes (e.g., mortality, morbidity, quality of life) and their distribution within a population; the health determinants (e.g., medical care, socioeconomic status, genetics, public health) that influence this distribution; and the policies and interventions, both social and individual, that impact these determinants. By definition, population health is holistic. It views the world as a system and looks for patterns and connections within this system. It analyzes problems—such as health care quality and safety or chronic disease—in context and looks to the patterns and pervading variables to develop the best solutions.

WHY A SCHOOL OF HEALTH POLICY AND POPULATION HEALTH AT JEFFERSON?

There are four compelling reasons:

First, the new school helps Jefferson to fulfill its mission of education, research, clinical excellence, and community service. The size and complexity of the health care system have created a need for continued research and a demand for the preparation of health services professionals and practitioners who are trained in these areas at the graduate level.

Second, it provides a means for Jefferson to achieve its vision, which is to maintain and enhance its position as a leading academic health center within the national arena and to expand its influence and contributions to the global community.

Third, the resources and capabilities necessary to build a premier center in health policy and population health are already present within the Jefferson community. The Department of Health Policy continued on page 568
has a national reputation for expertise, especially in areas of health care quality, safety, and chronic care management. For the past decade, the Department has demonstrated a sustained ability, via major grant funding, to conduct research and continuing education programming in these and other policy areas. The university has further demonstrated its commitment to population health through its establishment of an accredited Master’s degree program in public health (MPH). Additional expertise is found in the Department of Family and Community Medicine; the Kimmel Cancer Center, especially its Division of Population Science in the Department of Medical Oncology; the Center for Applied Research on Aging and Health (CARAH) of Jefferson College of Health Professions; and in key leadership areas of Jefferson Hospital and Jefferson University Physicians (JUP).

The establishment of the School of Health Policy and Population Health will recognize and build on existing Jefferson strengths and provide a venue for these strengths that is visible nationally and internationally. It will serve as a platform to expand opportunities for related research and grants within the school collaboratively throughout the university and via new national and international partnerships.

Finally, establishing a School of Health Policy and Population Health is in keeping with Jefferson’s historic tradition of clinical excellence and service to the community. Over time, however, the definition of community has changed—from city to region, from region to nation, and now, to the world. Ensuring the health and wellness of all populations, in all places, and providing quality and compassionate health care to all who need it will remain a defining theme of the 21st century. It is no longer possible for Jefferson to achieve clinical excellence, to educate medical and health care professionals, and to serve the community without making health policy and population health a central focus of these efforts.

In 2024, Jefferson will celebrate its bicentennial. To achieve such a milestone is rare for any institution. Jefferson is fortunate in that it can reach into a rich and illustrious past as it builds for the future. Two hundred years of wisdom and experience have produced continued success, a valued reputation, and a strategic vision. The establishment of the School of Health Policy and Population Health will enable Jefferson to maintain and enhance its position as a leading academic health center and to expand its influence and contributions to the global community.

As always, I’m interested in your comments. My e-mail address is david.nash@jefferson.edu. Readers can follow our progress online at www.jefferson.edu/JSHPPH and by viewing my blog, http://departmentofhealthpolicy.blogspot.com. I’d like to acknowledge the input of my colleague in this editorial, Caroline Golab, PhD.