

# Population Health NEWS

## International Perspective on Healthcare Sustainability

by Ignazio R. Marino, MD, ScD\*

**H**ealthcare systems vary consistently between countries but most are facing similar challenges. The changing medical, demographic, technological conditions and the impact of financial and economic austerity create new demands at a time when the public are seeking improvements in access, quality and scope of the services available.

Healthcare systems can be judged by a number of criteria: quality, efficiency and equity, that are seldom evenly balanced. The US system scores very highly on quality, less on equity. In comparison, the British and the Italian systems appear to do better on equity and accessibility.

One common trait, however, is that all existing systems are unlikely to remain sustainable in the longer term, unless additional or new forms of funding are provided and innovative approaches are adopted. Also, differences between systems that were born as opposite in principle, become thinner and decision makers are now facing challenges that are literally global.

Progress in this area is particularly hard to achieve, no matter where we look, partly because of lack of dedicated resources, for political resistance to touch such a sensitive issue running the risk of losing public consensus, and partly because of the difficulty to affect lifestyles and invest in prevention. Nonetheless, general principles and new guidelines can possibly be derived from international comparisons of different health systems.

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## No Little Plans: How West Side United Aims to Close Life Expectancy Gaps

by Darlene Oliver Hightower, J.D.

**R**ush University Medical Center has been located on the West Side of Chicago for more than 150 years. But as we gathered data about nearby neighborhoods during our most recent Community Health Needs Assessment, we made a disheartening discovery: Despite decades of Rush community outreach and the work of community-based social-services agencies, startling gaps in life expectancy remain on the West Side.

Life expectancy is 85 years in Chicago's downtown Loop; travel just seven miles west, and it plummets to age 69. This 16-year gap cannot be explained solely by a lack of access to health care, as academic health centers, safety-net hospitals and federally qualified health centers are widespread across Chicago's West Side. Moreover, a growing body of scientific evidence shows that the fundamental causes of many illnesses that shorten life expectancy are not based in biology or behavior. Rather, they are rooted in social forces such as education, employment, food access, violence and transportation.

Clearly, we needed a new way to think about closing these gaps. This is Chicago ... and as the architect Daniel Burnham said about his 1909 Plan of Chicago that reshaped the city, "Make no little plans; they have no magic to stir men's [or women's] blood."

Our plan, which is decidedly not little, brings together other health care institutions, community-based organizations, government, the faith community and residents to form a new collaborative called West Side United. And while the effort involves far more hard work than magic, getting so many stakeholders to see themselves as co-investors in these communities has been stirring.

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