KCU Sharpens Focus on Population Health and Equity Through New Center of Excellence

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For over 107 years, Kansas City University has remained true to its mission of “improving the well-being of the communities we serve,” which is reflected in a strong commitment to diverse and underserved populations. Today, our efforts continue to focus sharply on population health, seeking to improve the health outcomes of groups of individuals in our community, with a priority on reducing health inequities due to the social and structural determinants of health—the factors (social, environmental, cultural, and physical) that have a measurable impact on people’s ability to thrive and maintain optimal health.

A critical underpinning for further achieving our goals will be the development of KCU’s Center for Population Health and Equity (CPHE), made possible by congressionally directed spending in fiscal years 2022 and 2023 totaling more than $11 million, with a commitment of more than $12 million from KCU and philanthropic support.

The CPHE will compare and contrast the needs of the two distinct communities we serve—our rural campus in Joplin (opened in 2017) and our original urban-core campus in Kansas City—and inform strategies that integrate the Center’s four pillars of education, research, clinical service and community outreach. The goal is to establish a seamless approach that will contribute to long-term societal benefits and greater health equity.

Specifically, the Center will:
1. Develop future medical, dental, behavioral health, and health care leaders who will serve as population/public health strategists through an interprofessional education (IPE) framework with the goal of improving patient outcomes.
2. Research, analyze, and disseminate data to identify and improve the health and well-being of the Kansas City and Joplin, Missouri, communities. This will include the yearly publication of an Annual Heartland Health Report, which will be a meta-analysis that identifies the factors (including race, socioeconomic, geographic, and others) that

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have a direct impact on the health of urban and rural populations throughout the state; and an assessment of the equity of care delivered.

3. Increase clinical services anchored in interprofessional practice, which incorporates the integration of service learning from multiple health professions.

4. Enhance community engagement to advance community education related to improving health and expanding health care services.

With nearly 2,000 health professional graduate students and a focus on IPE, which includes degree programs in osteopathic medicine, dentistry, clinical psychology, and biomedical research, KCU has a unique opportunity to address our communities’ urgent needs—particularly those who are vulnerable, underserved, economically disadvantaged or lack access to health care—while also preparing the next generation of professionals.

**Goal of Reversing Our Country’s Declining Health**

The US ranks 46th in the world for life expectancy and is projected to rank 64th by 2040. Since 1990, Missouri has fallen from 24th to 39th among states in health outcomes and is considerably below the US average.

The urban and rural factors that influence health are not only medical; they include factors such as housing, food security, health literacy, voter access, adverse childhood experiences, transportation and access to health insurance and health care. Despite this fact, health professions education has traditionally focused on the diagnosis and treatment of disease, rather than on the prevention of disease by addressing these other determinants.

To stop this downward spiral and improve our population’s life expectancy and overall health outcomes, it is necessary to build healthy systems and increase the support structures needed before critical medical interventions are required.

**Desired Program Outcomes**

We look for this program to build momentum around understanding and addressing the variables that affect a population’s health. Only recently have researchers begun looking more closely at the specific impacts of IPE beyond classroom and learning outcomes to include health and health systems outcomes. Although more research is needed to evaluate the full impact of IPE and strengthen the evidence base, the current literature confirms the ability to link the IPE learning process with outcomes in population health, as well as patient safety, quality of care, provider and patient satisfaction and cost of care.

Therefore, near-term interventions include developing and refining innovative interprofessional population health curricula that will educate students about community-based strategies that promote health. By educating students and conducting research to better understand the social determinants of health, the Center can hopefully effect systemic change to improve population health and equitable health outcomes for the urban and rural populations in Missouri and the region. These efforts will foster a new generation of physicians, dentists, psychologists, scientists and other health professionals to promote health equity for the entire community.

Kansas City University is proud of our growing recognition as a change leader in health professions education and our efforts to create conditions in which all people have the opportunity to thrive, flourish and attain their full health potential. KCU’s new CPHE is a key strategy to further achieve these goals and a demonstration of our enduring commitment to improve the health and well-being of our communities. We appreciate the congressional funding support that made this effort possible.

**References**