

UMDNJ School of Public Health Alumni Association  
November 1, 2010

**Acknowledgments**

Thank you to Acting Dean Rhoads and President of the Alumni Association Peter Tabbot for inviting me this evening.

It is great to be with so many public health professionals who are graduates of one of the country's leading institutions of public health research, education and service.

Many members of my staff are UMDNJ School of Public Health alumni. In fact with me tonight is Cynthia Kirchner who is a recipient of the 2008 Distinguished Alumni Award from the School of Public Health. So I know first hand how well-educated and trained the graduates of the school are. They help me every day protect the public health of our residents.

There are also many graduates working in the public health field who serve as incredible partners to the department in serving our residents. Thank you all for your tremendous contributions to the state of health in New Jersey.

**Public Health**

A well-educated, robust workforce of public health professionals is critical to the future of health in our state. Public Health has been the cornerstone for most of the health achievements of the 20<sup>th</sup> Century.

For example -- advances in maternal and child health, sanitation and clean water, immunizations, infectious disease control, food safety, declines in deaths from heart disease and stroke and environmental health protections -- these were all spearheaded through public-health initiatives.

During the 20th century, the health and life expectancy of people living in the US improved dramatically. According to the CDC, 85% of that increase in Americans' life expectancy since 1900 is attributable to public health.

We continue to build on these important achievements. Our department is entrusted with a great responsibility to protect the public health and we can only fulfill our responsibility with the help of our colleagues working on the front lines in public health.

The mass vaccination effort during last year's H1N1 outbreak is a perfect example of how schools and public health at all levels—local, county, state and federal—worked in harmony to protect the public health by setting up flu clinics in our schools and public health departments to vaccinate as many people as possible. We truly demonstrated best practices and became a model for the nation. The Department convened a series of flu

summits for school officials, business leaders and public health officials even before the U.S. Department of Health and Senior Services asked us to.

### **Changing Landscape of Public Health**

Although we have an enormous responsibility working together to protect the public health, we face significant challenges. Most states, including New Jersey are facing unprecedented budget crises.

#### *Budget Cuts in States*

- 83% of states suffered job losses
- 85% reduced services to residents
- 29 states have cut health services due to reduced revenues
- And many report that even bigger cuts are likely in FY12 as federal funding runs out

At the same time the public health workforce is shrinking. The U.S. has an estimated 50,000 fewer public health workers than it did 20 years ago, according to the CDC. Despite these reductions in resources, we must adapt and respond to the changing landscape of health in our nation.

The forces of change are growing rapidly in the field of health. We face an aging population, rising chronic disease, new and re-emerging diseases, changing demographics and of course the enactment of health reform.

### **HIT**

One of the areas we are seeing great changes is how technology is used in the health care field. Health Information Technology will help us to realize true health reform by improving clinical outcomes, increasing transparency, facilitating care coordination, empowering patients and reducing redundancy and waste.

Unfortunately, the U. S. lags far behind other countries in terms of digitizing medical records. National studies suggest that fewer than 30% of private-practice physicians have Electronic Health Records and New Jersey's rate is probably not much higher than 20%. One of my top priorities is to champion the adoption of HIT in our state that will result in the improvement of health outcomes.

New Jersey received an \$11.4 million federal Recovery Act grant to facilitate four regional Health Information Exchanges around the State. Our goal is to overlay these exchanges and integrate them with a statewide HIE 'backbone.' That backbone will allow providers to query all New Jersey HIEs in real-time and show results of patient data wherever they reside. Of all the recent advancements in health care, HIT will truly have one of the greatest impacts on the health of our patients.

Hospitals in Camden are already exchanging data through their HIE. If HIE works for the most vulnerable of our populations, then it will work for all of us.

Data gathered in Camden tells us that 1,500 patients in that city account for \$16 million in billable hospital Emergency Department charges--mostly for flu and viral infections. The patients say they frequently go to the ER because it takes them 3 months to get an appointment at a community health center. I recently visited the apartment building where 80 percent of these patients live and they said if they had 2 nurse practitioners in the building that would take care of most of the needs of those patients who were ending up in the ER.

So the solutions lie with the people.

### **Physician Retention**

And while we are working to ensure that patients benefit from increasing use of technology through improved health outcomes, we are also working to make sure patients have access to health care providers.

As we are all aware, our state is facing significant shortages of health care professionals. The new federal health care reform law—with its requirement for individuals to have health care coverage by 2014—will increase the demand for health care services. In New Jersey, it is expected that there will be an additional 300,000 insured, which will exacerbate the gaps between demand for and availability of physicians.

The Council for Teaching Hospitals estimates that by 2020, New Jersey will need 2,800 more physicians than it currently projects. A recent study by the Association of American Medical Colleges, Center for Workforce Studies says that beginning in 2015, the projected physician shortage will be 50 percent worse than originally anticipated prior to health reform.

New Jersey is not only losing practicing physicians, we are using our resources to teach and train new doctors, only to have them leave New Jersey and set up their practices in other states. We know that of the 860 physicians who complete their residency training in New Jersey only 32% plan to practice our state. Additionally, only 12% of New Jersey medical school grads who complete their residencies in other states return to our state to practice.

We must truly understand the challenges physicians face in the field of medicine, so that we can cultivate, attract and retain the best. That is why I will be working to bring together experts from both the public and private sectors to examine this issue and develop both short and long-term solutions to address this problem. This group will examine and make recommendations on everything from Graduate Medical Education to Medical Malpractice Reform.

### **Health Care Reform**

How successful New Jersey is in retaining physicians will be critical to how national health reform affects our state.

At the state level many agencies are working together to ensure that we implement health reform in a way that benefits residents and in a way that enables us to capitalize on all funding opportunities associated with reform.

Our department recently received \$1.6 million in federal CDC funding through the Affordable Care Act. This funding will be used to create a Public Health Performance initiative to improve the ability of the Office of Public Health Infrastructure to provide guidance and technical assistance to New Jersey's 105 local health departments and 13 county/regional Governmental Public Health Partnerships.

Increased collaboration with our local and county public health partners will improve performance outcomes and the ability of local health offices to meet national public health standards. This investment in New Jersey's health care infrastructure will provide the State with needed resources to strengthen the public health system at all levels of government and ultimately improve health outcomes for the residents of this state.

### **Closing**

With great opportunities and challenges before us, it is an exciting time to be in the public health field. Despite all ongoing changes, I know you remain steadfast in your commitment to improving the health of our residents. Health is central to all of us, so having the power to contribute to the health of the public is a tremendous gift.

Our commitment, creativity, ingenuity, collaboration and intellect will all be needed to meet the challenges ahead of us as we continue to make progress in public health. As I look out at this sea of people—dedicated, smart, passionate and persistent—the future looks bright in your hands.

Thank you for all your work on behalf of the residents of our state. I truly hope that we will have an opportunity to collaborate in the future as we work together to encourage wellness and prevent illness and ensure a clean, healthy environment.