

dean's message

YOU CAN'T READ A CURRENT NEWSPAPER without being confronted with alarming statistics about the financial challenges faced nationwide and here in California. Governor Arnold Schwarzenegger's initial budget proposal called for a 10 percent cut to the University of California budget for



next year. Current negotiations may restore some of the funding; however, of particular importance to the UCLA School of Public Health is the elimination of support for public health enrollment growth at a critical time for our field.

"Confronting the Public Health Workforce Crisis," a new report released by the Association of Schools of Public Health, confirms what we've all suspected: The public health workforce is facing a crisis. By 2020 we will require an additional 250,000 public health professionals in this country, about one-third of the number of workers needed to meet our vital public health functions.

Our current public health workforce – including physicians, nurses, epidemiologists, environmental and infectious disease specialists – is struggling to keep up with an increasingly complex array of challenges. These professionals are at the forefront working to ensure clean air and water, safe food and workplaces, and preventing infectious and chronic diseases. But even more important, they are relied on to confront dramatic new threats, many brought about by globalization, including emerging infectious diseases, health effects of climate change and threats of disasters ranging from a terrorist act to another hurricane the magnitude of Katrina.

The estimates of this looming crisis are sobering at face value, yet do not reflect that 23 percent of the current public health workforce will be eligible to retire in the next five years. Nor do they include the increased need for American public health professionals to address the global public health workforce crisis faced by the developing world.

For California, it is estimated that the current public health workforce will need to increase by nearly 50 percent, adding 27,000 new workers. Just last year the University of California system recognized its critical role in addressing this shortage, recommending a more than doubling of UC graduate public health educational capacity.

We know public health interventions work. One need look no further than the feature on faculty efforts to prevent cancer (see page 4) to illustrate the profound impact public health can have on individual health and the health

of communities as a whole. Public health interventions save lives – and money. Here are a few examples:

Childhood Immunization: For every dollar spent on childhood immunization, \$29 is saved in prevention of medical costs, prevention in work loss by parents and prevention of lost earnings from disability.

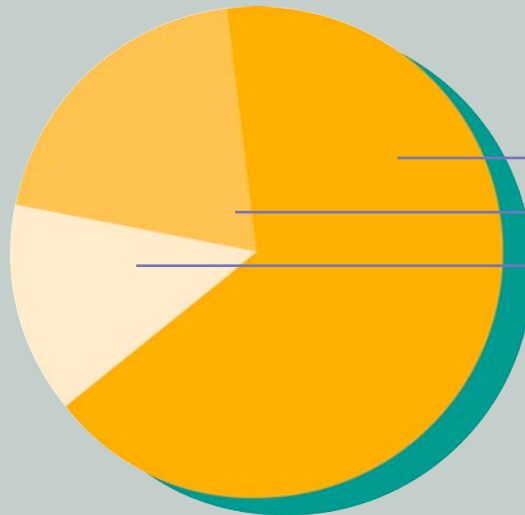
Seatbelt Usage: In the last 26 years, safety belts have prevented 135,000 fatalities and 3.8 million injuries, representing a savings of \$585 billion in medical and other costs.

Tobacco Cessation: Tobacco is the leading preventable cause of death in the United States, killing more than 400,000 people a year. The total cost of medical services for smokers amounts to \$50 billion annually, with another \$50 billion in lost wages.

Simply put, investing in our work earns healthy returns.

While UC efforts to expand public health training have been placed on hold, there is still momentum for a national solution. Projections indicate that an initial federal investment of about \$30 million annually would put the country on the right track to satisfy the demand for highly skilled public health professionals. After all, this workforce crisis isn't really about the "public" – it is a threat to each of us as individuals, our families and our communities. Fortunately, this one can be solved, and at the cost of tens of millions of dollars, it is a relative bargain...one I don't think we can afford to miss.

Linda Rosenstock, M.D., M.P.H.
Dean



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Fiscal Year 06-07
\$53.1 million