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THE EPIDEMIOLOGY MONITOR

A monthly update covering people, events, research and key developments

Textbook Author Identifies Seven Mistakes and Potential Solutions in Epidemiology

Calls for the Unified Voice of a World Council of Epidemiology and Causality

The theme of sins in epidemiology is not new. Lewis Kuller, then at the University of Pittsburgh, gave a Presidential Address at the Society for Epidemiologic Research meeting in Boston in 1996 in which he identified the "7 Curable Sins of Epidemiology." Kuller was prompted at the time by bad publicity for epidemiology as a discipline, including a *Science* article by Gary Taubes that was highly critical of epidemiology. About a decade later, Philippe Grandjean, then at the University of Southern Denmark and writing in *Epidemiology*, applied notions of sinfulness to environmental epidemiologists, and suggested remedies.

Now the University of Edinburgh's Raj Bhopal writing in the online journal *Emerging Themes in Epidemiology* in December 2009, and author of the textbook "Concepts of Epidemiology", has joined the group of friendly critics who seek to give epidemiologists assistance in identifying pitfalls and ideas for what to do about them. (See Table of 7 Sins on page 9 in this issue).

These prescriptions all rest confidently on the reality that no epidemiologic study is perfect, and that all epidemiologists will be sinning sooner

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International Group of Epidemiologists Defends Epidemiology

Allegations Of A Lack Of Proper Caution and Safeguards In Interpreting and Presenting Evidence Impartially

Is There A Major Plague of False Positives in Epidemiology?

Are Epidemiologists Already Doing Enough To Guard Against Errors?

About a year ago, a provocative article appeared in the Journal of the National Cancer Institute by Paolo Boffetta from the International Agency for Research on Cancer (IARC) and co-authors entitled "False Positive Results in Cancer Epidemiology: A Plea for Epistemological Modesty"(1). The article noted the occurrence of false positive findings in epidemiology, which is not news to epidemiologists,

but then went on to state that the problem is aggravated by the failure of epidemiologists to be more humble in the interpretation and presentation of their findings. It called for epidemiologists to exhibit more "epistemological modesty".

The article initially provoked at least two letters of response to the JNCI,

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“...mistakes may maim and kill, and sometimes the toll can be massive.”

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- 7 Mistakes in Epi, con't from page 1 or later. As "chronic sinners", epidemiologists may be looking for ways to redeem themselves. And checklists such as those provided by Kuller, Grandjean, and now Bhopal may be handy reminders of the challenges epidemiologists must address, though most will already be only too familiar with the concerns identified by the authors. However, Bhopal does not mince words about the seriousness of his topic and about the potential consequences of epidemiologic mistakes, stating that "...mistakes may maim and kill, and sometimes the toll can be massive."

First Mistake

The first mistake singled out by Bhopal may be the commonest mistake, he says, and that is the failure to adequately describe the population being studied. The applicability of the results for other future populations cannot be determined unless the characteristics of the studied and future populations are compared. Among the most important descriptors identified by Bhopal are those indicating the timing of the fieldwork. He lists timing as well as the age, sex, socio-economic status, and ethnic composition of the population as essential descriptors.

Second Mistake

The second type of mistake is mismeasurement. Bhopal calls this the most fundamental error, and says it is ubiquitous and often unavoidable. What to do about it then? Don't ignore the mistake, he urges, and this is difficult since there are incentives related to publication that work against acknowledging measurement error or quantifying it in detail. This mistake may be viewed differently than others since it is often unavoidable. The "real"

mistake is in not recognizing it or ignoring the problem. The best solution is one which seeks to quantify the degree of error that may be operating.

Third Mistake

The third mistake highlighted by Bhopal is not demonstrating that comparisons are like for like because this leads to confounding. The real mistake is not confounding itself, since it is inevitable when comparing dissimilar groups, but failing to demonstrate that comparisons are unlikely or likely to be like-for-like. His recommendation is to collect the necessary data and then show at the start of the analysis how the populations of interest compare. If they do not compare adequately, he urges not proceeding to any multivariable analysis.

Fourth Mistake

The fourth mistake is overstatement or understatement of the case for causality based on associations. According to Bhopal, causal reasoning is not suitable for an algorithm based approach and we need to improve our conceptual frameworks for reasoning about causes. He likens causal reasoning to being on a path between the point of departure and the point of arrival without knowing where exactly one is on the path or how close to either end. His solution is not to rely on study design to give your location on the path, but rather to attempt to arrive at a judgment based on a theoretical perspective and a good deep review of the literature.

Fifth Mistake

Mistake five is not giving both absolute and relative measures of association in

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The Year in Review

Key Headlines and Excerpts from Stories in 2009

1. UNAIDS Honors Jonathan Mann

UN Agency Hosts “Evening of Discussion” Honoring the Human Rights Epidemiologist and Celebrates 60th Anniversary of the Declaration of Human Rights

“We have lost him, but we have not lost the legacy he left us.” Michael Kirby, in discussing the ten qualities which he said Jonathan Mann brought to the battle against AIDS.

2. IOM Committee Releases Top 20 Health Indicators for Tracking by a Non Profit Group

“Taken together, the selected indicators reflect the overall health of the nation and the efficiency and efficacy of US health systems.”

3. ISEE President’s Newsletter Highlights New Concerns About the Pace of Climate Change and the Effects on Population Health

Six Messages Formulated At Recent Congress

The worst case IPCC scenario trajectories (or even worse) are being realized, societies are highly vulnerable to even modest levels of climate change, rapid, sustained, and effective mitigation is required to avoid dangerous climate change regardless of how it is defined, an adaptation safety net is required for the most vulnerable populations, there is no excuse for inaction since we have many tools and approaches, and we must overcome a number of significant constraints and seize critical opportunities.

4. Epidemiologist Wins California Peace Prize for Contributions To Youth Violence Prevention

Public health programs with epidemiologists can better direct violence control activities, partly because public health people look at data differently...cities should keep as many epidemiologists as possible involved in studying the problem.
Billie Weiss, UCLA epidemiologist

5. Lecturer Calls For Epidemiologists To Embrace Their “Pump Handle” Responsibility and Opportunity

Jim Marks emphasized that the core of public health is creating social change for health, and that influencing public policy is often the principal vehicle for achieving these health changes...heroes such as John Snow have been tied to action and would not likely be held in such high regard if they had only studied but not changed the world.

6. Respect and Gratitude for What Epidemiologists Do Compels Artist To Create True-to-Life Portrait of Former CDC Epidemiologist

The portrait is a way of conveying how thankful the majority of individuals are for the work that epidemiologists do.
Deborah Kepes, Georgia-based portrait artist.

7. Documentary Film “Unnatural Causes” One Year Later---15,000 Screenings Have Been Held and Producers Say The General Discourse On Health Has Changed Considerably

Report Says Evidence of Any Policy Changes Is Still Lacking

Adelman pointed out the importance of creating political will to help advance ideas because without such will the vested interests that would be adversely

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“He attributes the deaths of thousands of European babies to the slow adoption of a SIDS policy.”

“He thinks that the causes of this failure are our human frailties...”

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analyses. Since each of these measures communicates different messages, and relative measures are prone to distortion, it is important to include both, according to Bhopal. His solution is simply to give numbers, rates, and comparative measures with rates being paramount, and to adjust the summary measure if appropriate.

Sixth Mistake

The sixth mistake is one which bases public health recommendations on the benefits of specific health interventions without also possessing information about the total sum or net general health benefits linked to the intervention. For example, a cardiologist might recommend a course of therapy without considering fully the side effects of therapy. To counter this mistake, information is needed on general benefits of an intervention which means larger trials when possible or collecting health monitoring data. Such happens with vaccines post-licensure when ongoing safety data continue to be obtained since pre-licensure sample sizes are too small to detect rare adverse events.

World Council Proposal

Bhopal uses the example of the delay in making recommendations to place babies on their backs as a means of preventing SIDS to describe the seventh mistake, failure to use data correctly to benefit health. He describes disagreement as endemic in our societies and ascribes this failure to use data to the lack of a unified voice on causality. He urges the creation of a World Council in Epidemiology and Causality to speak out on the totality of evidence and when such data are ready for application in public policy situations. He attributes the deaths of thousands of European babies to the

slow adoption of a SIDS policy.

Sobering View

Bhopal points out that in addition to these lists of sins, other groups have created guidelines for conducting good epidemiologic research, but these guidelines are not applied very well or very often. He thinks that the causes of this failure are our human frailties, the innate limitations of our science, insufficient education and training, and pressures of time and resources. If so, we are likely to keep making these mistakes unless other solutions can be applied such as training more ethical and rigorous epidemiologists, making more explicit the limitations of our science, or reorganizing to make a collective, focused, more unified approach possible.

Lest this sound too utopian, Bhopal reminds us that a similar approach has been created through the Cochrane Collaboration to assess the effectiveness of interventions. The same could be done with associations and causality, he believes. ■

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one from [Paolo Crosignani](#) from the National Cancer Institute in Milan (2) pointing out that false negatives are also an inherent feature of epidemiology and a larger problem than false positives which are likely to be investigated further. A second letter from [Richard Clapp](#) of Boston University and [David Kriebel](#) from the University of Massachusetts at Lowell (3) made the point that the public's health has been hurt more by false negatives than false positives. In responding, Boffetta and colleagues (4) disagreed on all these points and reasserted their view that the thoughtful cautions required by the problem of false positives are “not sufficiently addressed in the practice of epidemiology.”

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The controversy spilled over to the *International Journal of Epidemiology* late in 2009 when an article by Paolo Vineis entitled "The Skeptical Epidemiologist" (5) accused the original authors of providing an unbalanced account of the potential benefits and harms of epidemiology. According to this paper, "pleas for methodological caution are always welcome, but they should not be unbalanced." In responding, Boffetta and colleagues (6) defended their right to be critical without having their motives questioned. "We look forward to a cessation of the recent development in which epidemiologic studies cannot be criticized without initiating letters and other 'thought pieces' accusing researchers who express methodological skepticism or reservation of representing 'the vision of some powerful groups with vested interests', or being involved in manufacturing uncertainty."

A third letter in December 2009 to the JNCI from Vincent Coglian and Kurt Straif of the IARC (7) makes the point that the working group mechanism used by the IARC and the different lines of evidence considered in assessing carcinogenicity help assure against false positive results. Also, they remind readers that scientists have an obligation to act on the information they already have and not postpone action because of incomplete data which is always the case in science. In responding, some of the original authors led by Joseph McLaughlin (8) point out that non-financial conflicts of interest among epidemiologists can be as important as financial conflicts of interest in operating to bias interpretations in favor of positive results. They called it oversimplistic to think that interdisciplinary work groups per se can protect adequately against bias if non-financial conflicts of interest

are not considered.

In a second letter to the IJE, Michael Hauptman and Cecile Ronckers from the Netherlands Cancer Institute in Amsterdam (9) write to defend the IARC working group process, but also to agree with the original commentary that "epidemiologists commonly overinterpret observed associations potentially leading to inappropriate public health decisions." However, they share the view of respondents that the original authors have an unbalanced view and that the problem of false negatives is more serious. They use the examples of folic acid and neural tube defects and of SIDS and front sleeping to make their case that thousands of deaths could have been prevented by acting earlier on available evidence.

In responding, McLaughlin and colleagues (10) assert that the routine inclusion of self-interested researchers "...is a clear conflict of interest, and inhibits an open and robust evaluation of the strengths and weaknesses of the studies under examination." They challenge the idea that false negative results are more consequential for public health, and attribute some delays not to false negative results but to positive findings that did not lead to immediate changes in policy.

International Group

Not satisfied that the matter had been adequately aired and addressed, an ad hoc international group of epidemiologists has responded in *Environmental Health Perspectives* with a detailed commentary entitled "Epidemiology, Public Health, and the Rhetoric of False Positives" (11). These authors, led by NCI's Aaron Blair, and including 14 co-authors, labeled the statements in the original paper as "serious charges" with a message that could have "...major scientific and

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"pleas for methodological caution are always welcome, but they should not be unbalanced."

"...epidemiologists commonly overinterpret observed associations potentially leading to inappropriate public health decisions."

"This conclusion would be a major blow to using epidemiology to advance public health."

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public health implications," because it has the potential to "...undermine a major source of information regarding disease risks." They regard the original paper as relegating "...observational studies to being little more than futile exercises to be regarded with skepticism and largely useless for decision making in public health. This conclusion would be a major blow to using epidemiology to advance public health." While these authors acknowledge the problem of errors in epidemiology, their view is that "...epidemiologists focus intensively on possible sources of bias in individual studies and in their review of the evidence."

While the original authors have yet to respond to the latest, more comprehensive commentary, it seems predictable from their previous responses that they will defend equally vigorously the need for epidemiologists to be critical without being seen as undermining the discipline. As they stated in the IJE in response to the suggestion from Paolo Vineis that they consider epidemiology to be 'junk science', the authors state "our own extensive research activities in epidemiology over the decades speak clearly against this groundless accusation. In contrast, our objective is to make epidemiology a stronger, sounder science by suggesting enhanced vigilance of its methods and a modicum of modesty when interpreting and reporting findings...If we do not evaluate the emperor's apparel, others stand ready to do it for us."

It is clear that none of the authors deny the potential benefits of epidemiology, the existence of errors in epidemiologic findings, and the importance of guarding against errors as much as possible. So what's the problem?

The differences of opinion seem to be centered on the perceived frequency of

these errors and their impact, and what to do about preventing or mitigating them. The previous article in this issue by Raj Bhopal describing the mistakes of epidemiology gives testimony to the fact that concerns about the limitations of epidemiology are a timely topic and probably will always be a part of the discussions in the field.

Also, the special issue of the *Epidemiology Monitor* in December devoted to an interview with Geoffrey Kabat, author of "Hyping Risks" provides evidence that the issue is alive in the minds of some epidemiologists. However, despite the frequency with which criticisms or concerns about epidemiologic errors are voiced, there does not appear to have been any organized, concerted initiative on the part of the profession designed specifically to reduce errors beyond their current level. As Bhopal points out, perhaps this is because some errors are considered inevitable. Thus, a certain amount of error is expected and tolerated and should not be the cause of undue concern or excessive hand-wringing.

There may be no consensus in the epidemiology community that the occurrence of errors at the current level, whatever that is, is unacceptable or too high. A senior epidemiologist confided to the *Epi Monitor* recently in connection with our article about Kabat's book on "Hyping Health Risks" that "I would push on trying to understand if and how solutions to the hyping that he perceives can come from the scientific community. The media will always hype – that is their mission." If this senior epidemiologist is not aware of if and how solutions can come from the scientific community, this suggests that epidemiologists as a profession have yet to take on the challenge of reducing errors overall.

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Without agreement on whether there even is a problem, this seems unlikely.

In his article in *Emerging Themes in Epidemiology*, Raj Bhopal does comment on the benefits and harms of epidemiology. "Fortunately, the saving of life and health benefits arising from epidemiology, despite its mistakes, seem to outweigh the harm. The lives saved from epidemiological studies of tobacco, for example, possibly outweigh all our mistakes, and the information will save even more lives as tobacco control spreads globally, particularly in Asia. This judgment, however, needs and deserves quantitative evaluation." This could be a positive step for the profession.

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10. Joseph K. McLaughlin et al., "Letters to the Editor - Author's Response." *IJE* (2009): 1-2
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- *Year In Review, con't from page 3*

affected by any good ideas will prevent them from being implemented...It is not just good ideas that we need...if that was the case, we could just go to policy wonks and get them.

8. ISEE Goldsmith Lecturer Allan Smith Makes The Case For Why "Epidemiology Is Wonderful"

Tells Colleagues How Epidemiologic Studies Established Arsenic As A Cause of Lung Cancer

We have shown that cigarettes cause death but we can still go to the corner grocery store and buy them...we are very peculiar people. - [Allan Smith](#)

9. Special Session At The American College of Epidemiology Meeting Examines Real World Examples of The Process of Translating Data Into Policy

Goal Is To Enhance The Use Of Epidemiologic Evidence In Policy Making

Epidemiologists should recognize that they can be the most influential members of a transdisciplinary team because they possess data on humans and their habit of integrating data from multiple sources give them an edge up on other scientists not so accustomed to integrating data in this fashion to assess causality. - [Patricia Hartge](#)

10. An Interview With Geoffrey Kabat, Epidemiologist At the Albert Einstein College of Medicine and Author of "Hyping Health Risks – Environmental Hazards in Daily Life and the Science of Epidemiology."

The problem I am pointing out is that the mantle of science and the appearance of solid, objective evidence can be imposed on a question where the evidence is much less clear cut or definitive or impressive. This then provides ammunition to regulatory and health agencies, as well as advocacy groups focused on a particular issue. And in such cases, part of a scientific approach is to be up-front and honest about the limitations of the data, about what all the relevant evidence shows, and about serious inconsistencies and remaining questions. ■

"Fortunately, the saving of life and health benefits arising from epidemiology, despite its mistakes, seem to outweigh the harm..."

Editor's Top Ten Quotes from 2009

1. "...nothing for the people without the people!"

Comment by [Peter Piot](#) in discussing public health transformation at the UNAIDS session honoring [Jonathan Mann](#)

2. "...there can be no public health without human rights and no human rights without public health."

Comment from [Daniel Tarantola](#) at the UNAIDS session honoring Jonathan Mann

3. "...the arc of history is long but it bends towards justice."

Quoted from [Martin Luther King, Jr](#) twice in 2009 in regard to the role and responsibility of epidemiologists, once in the story about Jonathan Mann and once by [James Marks](#) speaking at the CDC.

4. "We can't arrest our way out of this."

[Billie Wiess](#) in regards to what won't solve the youth violence issues in Los Angeles.

5. "...that translation challenge is where the 'real excitement is' in epidemiology and public health."

James Marks at CDC addressing the defining tension for epidemiologists and for all of public health.

6. "Nearly everything in public space is public health."

[Elizabeth Kiser](#) on how public health is all around us whether we are aware of it or not.

7. "...a just society does not cosign whole populations to foreshortened and sicker lives based on skin color and bank account size."

Quote from a summary of the Alameda County health report

8. "Achieving equity in health is ultimately a political process based on commitment to social justice rather than survival of the fittest."

[Barbara Starfield](#) from the CDC Resource book, "Promoting Health Equities - A Resource to Help Communities"

9. "The process of problem solving is seen as health promoting in and of itself."

From the Community Development section of the CDC Resource book, "Promoting Health Equities - A Resource to Help Communities"

10. "Second hand smoke is a great example of science driving policy AND of science NOT driving policy."

[Rachel Widome](#), on how science data has helped with causing smoking bans in public places, yet at the same time was slow to drive policy overall. ■

The Seven Sins or Mistakes Of Epidemiologists As Perceived Over The Years

7 Sins/Mistakes of Epidemiology	Kuller 1996	Grandjean 2008	Bhopal 2010
1.	Biological implausibility	Preoccupation with methodology	Failing to describe the study population and context
2.	Confusing reproducibility of a measure with accuracy or validity- "the parrot effect"	Failure to recognize achievements by others	Insufficient attention to the evaluation of error
3.	Adjusting data unnecessarily	Self-righteous intimidation of competitors	Not demonstrating that comparisons are like-for-like
4.	Failing to determine temporal associations	Desire for academic honors	Overstatement or understatement of the case for causality
5.	Using multivariate models to evaluate biological or causal associations	Excessive craving for publications	Not providing both absolute and relative measures
6.	Replicating epidemiologic studies over and over again with minor variations on a theme	Benefit from vested interests	In intervention studies, not demonstrating general health benefits
7.	Dissociating academic epidemiology from public health	Callousness to injustice	Failure to utilize study data to benefit populations
References	The Epidemiology Monitor July 1996	Epidemiology Vol 19, Number 1 January 2008	Emerging Themes in Epidemiology 2009 6:6

EPI Job Bank

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•IL	Chicago	University of Chicago	Postdoctoral Positions	doctoral/masters epi	epi Brian Chiu	773/834-7156	epijobs@health.bsd.uchicago.edu	oao 01/26/10
MA	Boston	Harvard Medical School	Postdoctoral Fellow	Doc in Epi field	Jiali Han	*617/525-2008	nhhan@channing.harvard.edu	oao 01/12/10
MA	Boston	Harvard PH	Pre/Post Doc-Nutri Epi	Ms,MD,DS,PHD	Meir Stampfer	617/525-2747	stampfer@hsph.harvard.edu	oao 01/26/10
MA	Boston	Harvard School of PH	Epidemiologist	Doc-epi	Meir Stampfer		stampfer@hsph.harvard.edu	oao 01/26/10
MA	Boston	Harvard School of PH	Pre/Post Doc -Cancer Epi	MD,DVM,PhD	Meir Stampfer		stampfer@hsph.harvard.edu	oao 01/26/10
MA	Worcester	UMASS	Asst/Assoc Prof	MD/PHD	Robert Goldberg	508/856-3991	robert.goldberg@umassmed.edu	oao 01/17/10
MD	Bethesda	NIH	PD Fellow	PHD,MD+MPH	Jack Guralnik	301/496-1176	jack.guralnik@nih.gov	oao 01/12/10
MD	Bethesda	Uniformed Univesity	Ass't Prof-Epi	PHD/DrPH	Elvira David	*301/295-1854	edavid@usuhs.mil	oao 01/26/10
*MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 01/12/10
•MD	Rockville	FDA	Med Officer/Epi	MD, MPH	Lucienne Nelson	*301/827-5571	lucienne.nelson@fda.hhs.gov	oao 01/26/10
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 01/12/10
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	301/827-6089	robert.wise@fda.hhs.gov	oao 01/12/10
MD	Rockville	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 01/17/10
MD	Rockville	Westat	Epidemiologist	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 01/17/10
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 01/17/10
MD	Rockville	Westat	Study Mgr	Masters	R. Carow	*301/294-2092	hrhs@westat.com	oao 01/17/10
ME	Augusta	ME DHHS	State Epi	MD/DO	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 01/26/10
•MN	Minneapolis	MN VA Ctr	Assoc. Director	MD,PHD,DRPH	Jill Mahal-Lichty	*612/727-5699	jill.mahal-lichty@va.gov	oao 01/17/10
MN	Minneapolis	Univ. of Minn	Ped Epi Prg	MS/PHD	Julie Ross		rossx014@umn.edu	oao 01/12/10
MN	Minneapolis	Univ. of MN	PD Fellow	MD/PHD	Aaron Folsom	*612/624-0315	folso001@umn.edu	oao 01/26/10
MO	St. Louis	SLU PH	Ass't/Assoc Prof	PHD	Terry Leet	*314/977-3234	leettl@slu.edu	oao 01/26/10
NC	Durham	Social & Sci Systems	Director, Epi	PHD in epi	Molly Assion	*301/628-3005	massion@s-3.com	oao 01/26/10
NC	RTP	RTI Int'l	Genetic Epi	PHD	Eric O. Johnson	919/990-8347	ejohnson@rti.org	oao 01/12/10
•NC	RTP	RTI Int'l	Research Epi II	PHD	L Andrusyszyn	919/541-6765	landrus@rti.org	oao 01/17/10
NJ	Springfield	ClinForce, LLC	Epi Specialist	MPH	Holly Price	*919/941-0071	hprice@clinforce.com	oao 01/12/10
NY	Bronx	Albert Einstein	Cancer Epidemiologist	PhD in epi or MD	Tom Rohan		rohan@aecom.yu.edu	oao 01/12/10
NY	New York	Albert Einstein	PD Fellow	PHD epi/biostat	Robert Kaplan	*718/430-3588	rkaplan@aecom.yu.edu	oao 01/12/10
NY	New York	FPHNY	Postdoc Fellow	Doctorate	Kristina Metzger	212/676-2773	kmetzger@health.nyc.gov	oao 01/12/10
•NY	New York	NYDHMH	Deputy Com. Epi	PHD/MD	Debbie Lew		dlew@health.nyc.gov	oao 01/26/10
NY	NY	NYC DHMH	Enviro Epi	PHD	Debbie Law	212/788-4859	dlew@health.nyc.gov	oao 01/26/10
NY	NY	Pfizer	Sr. Director, Epi	Doctorate	www.pfizer.com/careers	212/733-2323		oao 01/26/10
NY	Rochester	Univ of Rochester Med Center	er Infectious Disease Epi	PhD-epi or related	Susan Fisher	*585/461-4532	Susan_Fisher@URMC.Rochester.edu	oao 01/12/10
NY	Rochester	Univ. of Rochester	Epidemiologist	PHD	Edwin Wijngaarden		edwin_van_wijngaarden@urmc.rochester.edu	oao 01/17/10

State	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
OH	Cleveland	Case Western U.	Chair, Epi	Doctorate	Malana Bey	*216/368-3832	mcb19@case.edu	oao 01/17/10
OH	Dayton	Wright State. U	Ass't/Assoc Prof	PHD/MD	HR	937/775-2120	https://jobs.wright.edu	oao 01/26/10
PA	Philadelphia	Temple Univ.	Ten Trk Fac	PHD	Deborah Nelson	215/204-8726	dnelson@temple.edu	oao 01/12/10
PA	Philadelphia	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 01/17/10
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree + clin exp	Tom Kelly	215/898-0861	tkelly@cecb.med.upenn.edu	oao 01/12/10
TN	Nashville	Vanderbilt Univ	Post Doc Fellow	PhD	Wei Zheng	*615/936-1269	wei.zheng@vanderbilt.edu	oao 01/12/10
TN	Nashville	Vanderbilt Univ	Post-doc Fell Cancer Epi	PhD,Dr.PH or MD	MPH Wei Zheng	615/936-0682	Wei.zheng@vanderbilt.edu	oao 01/12/10
TX	Galveston	UTMB	Postdoc Womens Hlth	PHD/MD	Jennifer Rocha	*409/747-5129	jhrocha@utmb.edu	oao 01/26/10
*TX	varies	UTSPH	Faculty Pos	Doc in PH	Sharon Cummings	713/500-9041	sharon.s.cummings@uth.tmc.edu	oao 01/26/10
WI	Madison	Univ. of WI	Statistician	MS in Stat/Bio	Dayna Dalton	*608/265-2148	dalton@episense.wisc.edu	oao 01/17/10

EPI Job Bank Foreign Listings

Country	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
Canada	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 11/16/09
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 11/08/09
Canada	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
Canada	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 11/16/09
Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 11/08/09
Canada	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca	oao 11/16/09
Canada	Toronto	OAHP	Epi - Hos Infection	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 11/16/09
Canada	Toronto	OAHP	Epi - Chronic Dis	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 11/16/09
Canada	Toronto	OAHP	Senior Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 11/16/09
Canada	Toronto	OAHP	PH Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 08/20/09
Canada	Alberta	Alberta Cancer Board	Statistical Assoc	Masters-biostat	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Research Associate	Masters-epi,ph	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca	oao 11/16/09
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 11/16/09
Canada	Fredericton	New Brunswick Cancer	Biostatistician	Masters in Biostat	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 11/16/09
Canada	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
*Canada	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
France	Lyon	IARC	Postdoctoral Fellowship	PhD	Rayjean Hung	*+33472738342	hung@iarc.fr	oao 11/16/09
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr	oao 11/16/09
India	Jaipur	Vatsalya	Data Analyst	MPH	Atul Panday	9829928653	Atul_panday2001@yahoo.com	oao 11/16/09
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgiar.org	oao 11/16/09
*Puerto Rico	Ponce	Ponce	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 11/16/09
Saudia	Arabia Riyadh	Field Epi Trng Prog	Med Epi	PHD	Dr. Nasser Al-Hamdan	+996/11/4939675	nhamdan@fetsp.edu.sa	oao 11/16/09
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat	Josep-Maria Anto		jmanto@imim.es	oao 11/16/09
Switzerland		Fearn Associates	Molecular Epidemiologist	PhD-biostat or epi	Information		info@fearn-associates.com	oao 11/16/09
*Switzerland	Allschwil	Actelion	Epidemiologist	PHD/MD,MPH	Donat Laemmle	+41615656503	donat.laemmle@actelion.com	oao 11/16/09
Thailand	Bangkok	PATH	Chief of Party	Mas/Doc in epi	Dorothy Culjat	202/285-3500	pathjobs@mail.path.org	oao 11/16/09
UK	London	LSHTM	MSc PHDC	MPH	Vinod Bura	+44 7726472650	vinod.bura@gmail.com	oao 11/16/09

Epidemiology Open Rank / Multiple Positions Job ID: 2246

The new City University of New York (CUNY) School of Public Health (SPH) is looking to fill three (3) positions in a range of seniority from Assistant to Full Professor in Epidemiology.

These hard-salary, tenure-track appointments at Hunter College will be made for the academic year commencing September 2010. Successful candidates will: develop curricula in epidemiology; develop and teach epidemiology courses for master's, doctoral and undergraduate students; lead and/or participate in and seek funding for epidemiological and interdisciplinary research in such areas as chronic and infectious diseases, urban health issues, health disparities, reproductive health, environmental and occupational health, nutrition, mental health, healthy aging, and other health issues; publish in scholarly journals and participate in faculty governance. Doctorate in epidemiology, public health, medicine or a related field in the social or natural sciences required. Experience teaching and supervising graduate-level epidemiology courses and research experience in communities, workplaces, health departments or other non-academic settings is desirable. Preference will be given to candidates with a history of extramural funding. Salary offers will be commensurate with experience, academic accomplishments and national reputation. Applications can be submitted on-line by visiting the City University of New York job website at <http://hr.hunter.cuny.edu/jobs/facultyjobs.html#2246>. Follow the application instructions. Please have your curriculum vitae, a description of your research accomplishments and goals, three recent articles or manuscripts and the names and contact information of three references available to attach into the application before you begin.

The City University of New York is an Equal Opportunity Employer which complies with all applicable laws and regulations, and encourages inclusive excellence in its employment practices.

East Tennessee State University – College of Public Health –
Department of Biostatistics and Epidemiology –
Assistant/Associate/Full Professor – 235280

This is a full-time, tenure-track biostatistics faculty position which will be housed in the Department of Biostatistics and Epidemiology within the College of Public Health. Candidates will be expected to have a strong program of funded research involving peer-reviewed scholarship. This position will collaborate with public health faculty and a wide range of other disciplines to conduct research. Expertise in performing a wide range of statistical data analyses and modeling approaches is an expected basic function. The position will require knowledge and experience in the use of multiple statistical programs such as SPSS, R, SAS, and STATA. The successful candidate is expected to achieve a competitive extramural salary support within four years of starting. Graduate and undergraduate teaching and mentorship of students are expected routine functions for this faculty position.

Research experience and skills in a wide range of statistical data analyses and modeling approaches are expected. An advanced knowledge and strong skills in the use of multiple statistical programs such as SPSS, R, SAS, STATA, etc is required. In addition to research activities, the knowledge and skills required for teaching and student mentorship are desired. Salary: Salary commensurate with qualifications and experience. Start-up package might be available. Minimum Qualifications: Applicants must possess, or have completed by time of employment, a doctoral degree in Biostatistics. Those with a doctoral degree in a closely related field and relevant professional experience are also encouraged to apply. A record of peer-reviewed scholarship is required. Preferred Qualifications: Candidates with evidence of a strong program of funded research are strongly preferred. The ability to conduct collaborative multidisciplinary research and the demonstration of strong verbal and written communication skills are highly desired. Experience and participation in NIH or other federally-funded research is an advantage. A high level of broad experience in statistical data analyses and modeling will make a candidate more competitive.

Applicants will be required to submit transcripts and three letters of reference upon request when offered an on-site interview. Interested candidates must apply online at <https://jobs.etsu.edu/applicants/Central?quickFind=50725>. Applications will not be accepted by hard copy, mailed, delivered, e-mailed, etc. For questions about application process, contact Office of Human Resources at (423) 439-5890. Send questions about the position to Ms. Rickie Carter carterrh@etsu.edu. Chair of Search Committee: James Anderson, MD, MPH, PhD, Associate Professor, ETSU Department of Biostatistics and Epidemiology, Box 70259, Johnson City, TN 37614-1709. AA/BOE.

Yale School of Public Health
Yale University School of Medicine
Tenure-Track Faculty Position in
Social Gerontology and/or Epidemiology of Aging

The Social and Behavioral Sciences Program and the Division of Chronic Disease Epidemiology in the Yale School of Public Health seek a scholar of social gerontology and/or epidemiology of aging for an Assistant or non-tenured Associate Professor position. Applicants with a research interest in inequalities, psychosocial factors, or cardiovascular health are especially encouraged to apply. The Search committee will consider applicants with interests in other areas as well. Opportunities exist to collaborate with investigators in the Yale School of Public Health (<http://www.med.yale.edu/eph/>), and other departments at Yale, such as psychology, sociology, psychiatry, and medicine. The successful candidate can take advantage of a number of resources, including the Yale Program on Aging (<http://geriatrics.yale.edu/research/>).

Applicants should have a doctoral degree in psychology, epidemiology, sociology or a related field, with a specialization in mental and/or physical health of older individuals. Also, applicants should have teaching experience, a record of research and scholarly accomplishments, and will be expected to develop an externally funded research program.

Review of applications will begin no later than March 15, 2010 and will continue until a successful candidate is identified. Applicants should submit a curriculum vitae, statement of research and teaching interests, three reprints, and three reference letters to:

Becca R. Levy, Ph.D., Chair, Search Committee
Yale School of Public Health
60 College Street, Room 408, P.O. Box 208034
New Haven, CT 06520-8034

Yale University is an equal opportunity, affirmative action and equal access employer that values and actively seeks diversity in the work force. Minorities and women are strongly encouraged to apply.

6th Annual NICHD-IHDCYH Summer Institute
in Reproductive and Perinatal Epidemiology

The Epidemiology Branch of the Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD) and CIHR's Institute of Human Development, Child and Youth Health (IHDCYH) are pleased to announce their 6th annual Summer Institute in Reproductive and Perinatal Epidemiology. The Institute will be held from July 11-17, 2010, at Harbourtowne Conference Centre, St. Michaels, Maryland. We invite applications from doctoral students and clinical fellows enrolled in a graduate research degree program who are planning to pursue a research career in reproductive or perinatal epidemiology. The Summer Institute is open to participants from the US, Canada, and low- and middle-income countries. The week-long Summer Institute will provide substantive and methodologic training in human fecundity and fertility, pregnancy complications, maternal health, and fetal and infant outcomes, as well as promising new approaches for studying these issues. A combined didactic and case-based curriculum will be offered by faculty affiliated with NICHD and IHDCYH.

Up to 20 qualified students will be selected. Participants will be awarded a stipend of up to \$1,500 USD to cover travel expenses; in addition, lodging and meals will be covered by NICHD and IHDCYH. Eligible students and fellows are invited to submit a brief (2-page) cover letter stating their professional status and goals with regard to reproductive and perinatal epidemiology, curriculum vitae (maximum of 2 pages), and two letters of support. All documents must be received by April 1st, 2010. Applications will be reviewed by an Institute faculty committee with regard to: 1) personal statement of professional research interests and career plans; 2) evidence of graduate-level training in epidemiology and biostatistics; and 3) letters of support. Unsuccessful applicants to the 2009 Summer Institute can resubmit their 2009 letters of support (if still applicable). Priority will be given to students/fellows with demonstrated excellence in this field, including practical research experience and peer-reviewed publications. Selections will be made by May 15, 2010.

For more information on the 6th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology, please visit the IHDCYH website at: <http://www.cihr-irsc.gc.ca/e/35611.html>

Applications should be submitted electronically to: Anick Lambert or Lindsay Wallace (CIHR-IHDCYH)
E-mail address: IHDCYH-IDSEA@cihr-irsc.gc.ca; Telephone: 514-412-4414

DHHS and NIH are Equal Opportunity Employers.



Associate Director, Population Sciences

The UNC Lineberger Comprehensive Cancer Center seeks a tenure-track faculty member to lead the Population Sciences programs at our NCI-funded Comprehensive Cancer Center. The UNC Lineberger is looking for a leader to build on current excellence and bring the Cancer Center to the very top rank in cancer population sciences research. Applicants must have an established research program and leadership experience in a relevant area, as well as a broad perspective on cancer prevention, control, and quality. Experience in teaching and/or mentoring is preferred. Appointment and rank in an academic department will be determined by the applicant's qualifications.

Applicants must submit curriculum vitae, a description of research plans, and names of four references through the UNC Chapel Hill's web-based system: The following link will direct you to the position: jobs.unc.edu/1000975. PDF documents are preferred. If you encounter problems with the application process, please send an email to Vanessa Brock vbrock@email.unc.edu

The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer. Women and minorities are encouraged to apply.

28TH ANNUAL GRADUATE SUMMER INSTITUTE OF EPIDEMIOLOGY AND BIostatISTICS

Johns Hopkins Bloomberg School of Public Health

JUNE 14 – JULY 2, 2010

2010 Course Offerings*

THREE-WEEK COURSES

Principles of Epidemiology
 Observational Epidemiology
 Statistical Reasoning in Public Health I
 Statistical Reasoning in Public Health II

ONE-WEEK COURSES

Applications of the Case-Control Method
 Methods and Applications of Cohort Studies
 Clinical Trials: Issues and Controversies
 Bayesian Adaptive Trials
 Conducting Epidemiological Research
 New Perspectives on Management of Epidemiologic Studies
 Topics in Clinical Trials Management
 Comparative Effectiveness Research: Patient Reported Outcomes
 Pharmacoepidemiology
 Introduction to the SAS Statistical Package
 Longitudinal Data Analysis
 Data Analysis Workshop I
 Data Analysis Workshop II
 Advanced Data Analysis Workshop III
 Survival Analysis

Biostatistics Analysis of Epidemiologic Data I: Logistic Regression
 Biostatistics Analysis of Epidemiologic Data II: Poisson and Conditional Logistic Regression Analysis
 Biostatistics Analysis of Epidemiologic Data III: Semiparametric Methods
 Family Based Genetic Epidemiology
 Molecular Biology for Genetic Epidemiology
 Genetic Epidemiology in Populations
 Gene Expression Data Analysis
 Infectious Disease Epidemiology
 Public Health Dimensions of Global Tuberculosis Control
 Epidemiology of HIV/AIDS
 Advanced Issues of HIV/AIDS
 Social Epidemiology
 Multilevel Models
 Epidemiologic Applications of GIS
 Nutritional Epidemiology
 Introduction to Diabetes and Obesity Epidemiology
 Epidemiology in Evidence Based Policy
 Epidemiologic Methods for Planning and Evaluating Health Services
 Ethics Issues of Human Subjects Research in Developing Countries

ONE-DAY WORKSHOPS

Critical Reading of Epidemiologic Literature
 Methods for Clinical and Translational Research
 Causal Inference with Latent Variable Models

DIRECTOR:

Moyses Szklo, MD, DrPH, MPH

THE INSTITUTE WILL BE HELD AT:

Johns Hopkins
 Bloomberg School of Public Health
 Baltimore, Maryland

FOR INFORMATION, PLEASE CONTACT:

Ayesha Khan, Coordinator
 Graduate Summer Institute
 of Epidemiology and Biostatistics
 615 North Wolfe Street
 Baltimore, MD 21205
 410-955-7158
 Fax: 410-955-0863
 Email: akhan@jhsph.edu
www.jhsph.edu/summerepi



**JOHNS HOPKINS
 BLOOMBERG
 SCHOOL OF PUBLIC HEALTH**

*Course offerings and faculty are subject to change. Proficiency in English language is required.

Tenure-Track/Assistant Professor Positions

THE UNIVERSITY OF MICHIGAN

The University of Michigan School of Public Health invites applications for three tenure-track assistant professor positions in the Department of Epidemiology. Our highly interdisciplinary Department is home to internationally recognized researchers using a broad range of epidemiologic methods, including state-of-the-art laboratory techniques, diverse field methods, bioinformatics, and statistical and mathematical models. Our Department has highly successful masters and doctoral level training programs. Applicants should have advanced training in epidemiology or a related field.

To apply, please provide: a statement of current and future research plans, teaching philosophy and experience, complete curriculum vitae, and three letters of recommendation. Send to: Junior Faculty Search Committee, Department of Epidemiology, 1415 Washington Heights, Ann Arbor, MI 48109-2029 or electronically to emjhsr@umich.edu. Review of applications will begin December 1, 2009 and continue until a suitable candidate is identified. Women and minorities are encouraged to apply and the University is supportive of the needs of dual career couples. The University of Michigan is an equal opportunity/affirmative action employer. <http://www.sph.umich.edu/epid/pdf/Jan10%20Positions/EpidAssistantProfessor.pdf>

Asst. Professor or Research Asst. Professor
University of Washington, Seattle
Application Deadline: April 1, 2010

The Department of Epidemiology and the Cardiovascular Health Research Unit seek applicants for 1-2 faculty positions as Assistant Professor without tenure or Research Assistant Professor. Candidates who will enhance the Department's expertise in cardiovascular disease, genetic epidemiology, including whole-genome association studies, and studies of drug-gene interactions are strongly encouraged to apply.

Applicants should have a PhD in Epidemiology and two years post-doctoral experience in a research setting. Preferred candidates will have expertise in genome-wide association studies, epidemiologic methods, cohort and case-control studies, pharmacoepidemiology and use of computerized pharmacy databases, and cardiovascular disease epidemiology. A strong record of collaborative efforts, publications, and grant writing is highly desirable.

University of Washington faculty engage in teaching, research and service, in addition to mentoring graduate students. Salary is commensurate with experience. The University of Washington is an affirmative action, equal opportunity employer. The University is building a culturally diverse faculty and staff, and strongly encourages applications from women and minorities.

Please send a letter of interest, complete CV, and list of four references by April 1, 2010 to Bruce M. Psaty, MD, PhD at Cardiovascular Health Research Unit, 1730 Minor Ave, Suite 1360, Seattle, WA 98101 (psaty@u.washington.edu)

EUROPEAN EDUCATIONAL PROGRAMME IN
EPIDEMIOLOGY

Social Inequalities in Health in Europe

Florence, Italy, 14 June - 18 June 2010

Johan Mackenbach and Anton Kunst, Erasmus University, Rotterdam, The Netherlands

This course deals with the measurement and explanation of socioeconomic inequalities in health, as well as with the design of interventions and policies to reduce socioeconomic inequalities in health. The focus is on the European experience, which over the past decade has been particularly rich in all these areas. Examples of topics which will be covered are: concepts and methods for measuring health inequalities; comparative analyses of health inequalities, both historical and geographical; current understanding of the factors and mechanisms which explain health inequalities; analytical approaches to investigating determinants of health inequalities; prerequisites for strategies to reduce health inequalities; analytical approaches to evaluating the effectiveness of interventions and policies to reduce health inequalities; examples of comprehensive strategies to tackle health inequalities.

23rd Residential Summer Course

Florence, Italy, 21 June - 9 July 2010

The course, now in its twenty-third year, is intended for epidemiologists, public health practitioners and clinicians with an interest in epidemiology. The course offers in the first two weeks five general modules on epidemiological study design and statistical analysis of epidemiological data. In the third week six special modules, ranging from cancer epidemiology and fertility and pregnancy to the impact of changes of global climatic environment cover topics of current relevance for health. The courses are taught in English by lecturers mostly from European universities and research institutes and are held in residential form in the "Stadium" centre on the hills close to Florence.

EPIDEMIOLOGICAL METHODS AND STUDY DESIGN

Manolis Kogevinas, Spain,
Jørn Olsen, Denmark
Neil Pearce, New Zealand,
Franco Merletti, Lorenzo Richiardi and
Rodolfo Saracci, Course Director, Italy

CANCER EPIDEMIOLOGY

Dimitrios Trichopoulos, Greece

FERTILITY AND PREGNANCY

Allen Wilcox, National Institute of Environmental
Health Sciences, Durham, USA

EPIDEMIOLOGY AND ENVIRONMENT

- Global climatic change & health :
Anthony McMichael, Australia
- Local and occupational environment & health :
Joseph Antó and Jordi Sunyer, Spain
- Social environment & health :
Bruna Galobardes, UK

STATISTICAL METHODS IN EPIDEMIOLOGY

Bianca De Stavola, Simon Cousens and Michael Hills, UK,
Per Krag Andersen, Denmark,
Michela Baccini, Annibale Biggeri, Pietro Ferrari, Corrado Lagazio,
Stefano Mattioli and Jacopo Pasquini, Italy,
Paco Fernandez and Aurelio Tobias, Spain



UPDATE INFORMATION AND APPLICATION FORMS ON THE WEBSITE :

www.eepe.org

To contact **EEPE** :
e-mail : eepe@eepe.org

Tel. (33) 4 78 78 56 54 / (33) 4 78 01 10 65
Fax. (33) 4 78 78 56 54

Mail address :

European Educational Programme
in Epidemiology
c/o Agenzia Regionale di Sanità
(attention : Ms Caterina Baldocchi)
Viale Milton 7 - 50129 Firenze - Italy



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NRSA T32 Postdoctoral Fellowship Interdisciplinary Women's Reproductive Health

Overview: The University of Texas Medical Branch is accepting applications for postdoctoral fellows interested in pursuing an academic career in women's health research. This 2-year NRSA T32 fellowship provides training in theory and methods as well as practical experience as they pertain to conducting clinical research. Faculty in the program are able to offer ample opportunities for data analysis, manuscript preparation, and grant writing in a collaborative working environment.

Who may apply: Applicants who have completed a terminal degree as follows: MD Post-residency, PhD, DrPH, ScD, or PsyD in disciplines related to women's health. This interdisciplinary program seeks applicants who are highly motivated to pursuing research careers focused on the many physiological and psychological issues facing women during their reproductive years. Successful candidates will engage in mentored research training for 2 years (2 consecutive 12-month appointments).

Eligibility: Must have completed terminal degree in defined area from accredited institution. Transcript or documentation from the awarding institution is required. Must be a US citizen, non-citizen national or permanent resident. Documentation of status is required. Individuals with temporary or student visas are not eligible for support. Must be able to commit to full-time effort to the program. Studies leading to MD, medical residency, PhD, or other clinical health professional training are not supported.

Application procedure: Submit the following via email or postal service: (1) A personal statement including career goals, a brief description of proposed research, and how this training will help achieve your career goals; (2) a current CV; (3) documentation of citizenship status; and (4) 3 letters of reference. Send your application packet to:

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The University of Texas Medical Branch
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