



# epiMonitor

THE EPIDEMIOLOGY MONITOR

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

## 2012 Langmuir Lecture At CDC Focuses On Teen Pregnancy

**“It’s Not Just About Sex” Says Johns Hopkins Invited Speaker**

### Latest Rates At Lowest Levels In Seven Decades – Millions Of Teen Pregnancies Averted

It was ironic. In the same month that CDC invited Robert Blum, the head of the Johns Hopkins Bloomberg School of Public Health Department of Population, Family, and Reproductive Health to give the 2012 Alexander Langmuir Lecture on the problem of teen pregnancy, the CDC’s National Center for Health Statistics issued a data brief showing

that birth rates for US teenagers were at an all time low for the seven decades during which consistent records have been kept. However, there’s more to the story.

#### The Good News

First the good news. According to NCHS, the birth rate for US - *Pregnancy continues on page 2*

## First Executive Master of Science Program In Epidemiology To Be Offered At Columbia University

### Advises US To Spend Differently To Achieve Better Health And Lower Costs

You’ve heard of Executive MBA programs and maybe even Executive MPH programs, but an Executive MS program in Epidemiology? What do executives and persons with advanced health degrees or working professionals have in common? Well, it turns out both have very busy schedules and many life obligations which prevent them from getting the training they would like, according to Katherine Keyes, assistant professor of epidemiology and program

Director of the new executive MS program at Columbia. And for many professionals, that additional training turns out to be epidemiology training because it will help them do research—from getting the initial idea, designing a good study, collecting data, analyzing data, to getting and interpreting results, says Keyes. The new program is believed to be the first of its kind in the US. - *EMSP continued on pg 4*

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***“birth rates continue to show impressive differences between states”***

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teenagers fell 9 percent from 2009 to 2010 to 34.3, the lowest level since 1940. Looking at recent times only, the 2010 rate was 44 percent below the recent peak in 1991 and 64 percent below the all time high level of 96.3 recorded during the baby boom year of 1957.

Impressively, the rate has been falling in the both the youngest age group 15-17 years and the 18-19 age group. Equally striking, the rates declined across all racial and ethnic groups – by 9 percent in 2010 for non-Hispanic white and black teenagers, by 12 percent for American Indian or Alaska Native and Hispanic teenagers, and by 13 percent for Asian or Pacific Island teenagers. If the 1991 rates had persisted without decline, there would have been an estimated 3.4 million additional births to teenagers over the almost two-decade period 1992 through 2010.

**Geographic Variation**

Finally, the decline was widespread geographically, between 2007-2010 including all states except Montana, North Dakota, and West Virginia. However, birth rates continue to show impressive differences between states with New Hampshire recording a low of 15.7 and Mississippi recording a rate of 55.0 in 2010. This differential between the Northeast and the South has persisted for many years with the highest rates sweeping the southern tier of the country. The rate in Mississippi is almost four times greater than the rate in New Hampshire and almost double the

average rate for the country as a whole.

Interestingly, in a CDC report on teen pregnancy rates from other countries for the years 2008-09, the US has one of the highest rates, surpassed only by Bulgaria at 43 per thousand girls 15-19 years. Many other developed countries have rates in the single or low double digits from 4-14 per thousand.

**Reasons for the Declines**

NCHS cites studies which have identified strong pregnancy prevention messages directed to teenagers as responsible for the national declines. CDC has itself documented increased use of contraception at first initiation of sex and use of both contraception and hormonal methods among sexually active female and male teenagers. These increases have taken place while the percentage of teens who are sexually active has remained relatively constant.

The reasons for tackling teen pregnancy are because it has huge economic, social, and health costs on teen parents and their families, according to CDC.

**Not So Simple**

Dr Blum began his lecture on teen pregnancy by noting the strong variation by geographic region and population. According to Blum, who worked originally in Minnesota, “Baltimore is a very different universe than Minnesota.”

*-Pregnancy continues on Page 6*

# Institute Of Medicine Committee Says Need To Address Upstream Causes of Ill-Health “Could Not Be More Pronounced”

## Advises US To Spend Differently To Achieve Better Health And Lower Costs

The status of the United States as an outlier in health could not be presented more dramatically than it is on the graph of health spending and life expectancy prepared by the Organization for Economic Co-operation and Development (OECD)(see below). Compared to the other OECD countries, the United States at \$7,960 spends more than two times the average of OECD countries and 3-7 more than some of the rapidly advancing countries such as Poland and Czech Republic. According to the Institute of Medicine Committee on Public Health Strategies, “Debate over America’s place at the top of economic superpowers aside, it is clear that it is not a superpower in health.”

### Report

In its new report entitled “For the

Public’s Health: Investing in a Healthier Future”, the IOM chronicles the relatively poor state of health indicators in the United States, lays the blame on failure to invest in more upstream causes of ill-health, and recommends clear strategies for moving forward to achieve health gains that place the US at least closer to the average performance of other comparable high income countries. Interestingly, there is no mention of the US seeking to place itself among the top ranking nations in health.

### State of the Nation’s Health

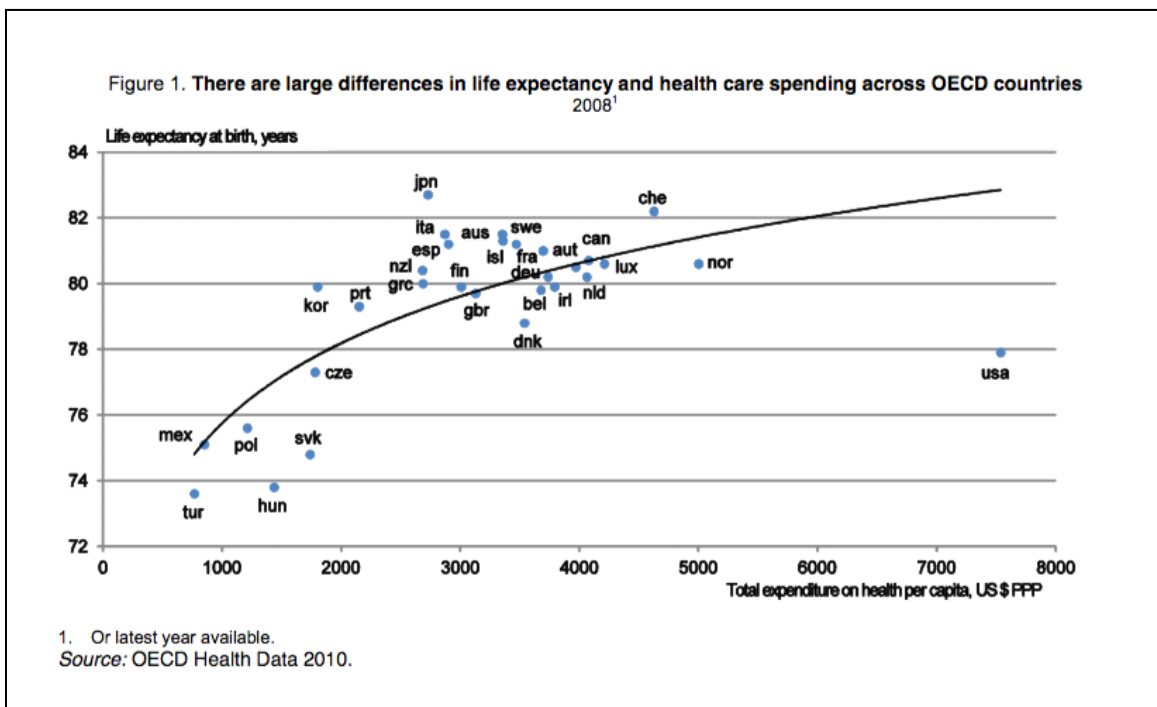
According to United Nations figures highlighted by the IOM, the US ranks 28<sup>th</sup> on life expectancy and

-IOM continue on page 8

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*“Debate over America’s place at the top of economic superpowers aside, it is clear that it is not a superpower in health.”*

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**Unmet Need**

The School of Public Health at Columbia became aware of the need for a new format for epidemiology training when good candidates for training said they could not attend full time and when existing students were being hampered in their work by their schedules, according to Keyes. The school undertook a systematic investigation to learn if it could condense the material being offered and accelerate the training in some way. Since Columbia already offered a couple of other "Executive" training programs, it was possible to model the new epidemiology training on that executive format.

**Keen Response**

"We have been really encouraged by the amount of interest," Keyes told the Epi Monitor. There were no precedents for doing this in epidemiology, but as the Columbia organizers toured the city to publicize their program, they found overwhelming interest.

The backgrounds of the applicants for the Executive MS in epidemiology are very varied and include persons with MD degrees, persons with MPH degrees who did not get enough epidemiology training, persons with PhD's in other fields, and working health professionals with no formal training in epidemiology. Also, the executive format can appeal to persons residing outside of New York City who can travel to attend the classes.

The format of the weekend training days will involve being in class for full days on Friday, Saturday, and Sunday on the first weekend of each month from 8:30am to 5pm, according to Keyes. To facilitate the process and save students time, the School will serve breakfast and lunch and will purchase the needed books and software. The plan now is to offer two different classes per day.

There are important similarities between the regular full-time epidemiology degree program and the new executive MS. According to Keyes, the rigor of the program will be the same and often the same faculty will be involved in teaching. The cost of the full time program is similar to the weekend program. To help assure that students are not deprived of a broad experience because of the condensed time, the organizers will also build in optional talks and activities at the end of each day to make sure the students have adequate opportunities to interact with faculty and other students.

**Available Information**

The application deadline for the first cohort is June 15, 2012 with classes to begin in September. The school is expecting some 20-30 students in the first cohort. The program will run for 22 months and will require completion of 30 credits at an estimated cost of \$1,300 per credit. Other miscellaneous fees will also apply.

- Berkeley continued on page 11

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*"We have been really surprised by the amount of interest,"*

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*"the rigor of the program will be the same"*

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# Backed By Public Demand, Berkeley Launches New Online MPH Program

## School Seeks To Help Reduce Large Deficit of Trained Public Health Professionals

### Program Follows In Footsteps Of Johns Hopkins

Triggered by a shortage of trained professionals in public health and by the growing popularity of public health careers, educators at the University of California Berkeley have launched a new online MPH program. It will allow students to work off-campus and require only 15 days on campus during the two year and four month long program. Berkeley admitted its first group of ten students in January 2012.

According to Nap Hosang, director of the Online/On Campus Professional MPH Program, the University was not able to add training capacity in the form of bricks and mortar, so the decision was made to go forward with a new online program. From the outset, the desire of the educators has been to provide a very high quality public health education equivalent to its on-campus degree programs. The online format allows people from all parts of California to have access without leaving their jobs.

#### Offerings

At present, Berkeley is offering a fixed menu of 14 courses and all are being taught by experienced Berkeley faculty. New course electives such as ones in epidemiology, nutrition, electronic medical records, or global health will be added later, according to Hosang. The school's goal is "to get it right before expanding beyond

California" and all enrollees are now in the same western time zone. Next year, students in other US time zones will be included and following that the plan is to include foreign students.

Students will be admitted into the program at three times during the year and the goal is to have 40-50 students the first year. Admission requirements for the online modality are equivalent to those for full time on campus students.

The cost of the program is \$1,000 per semester credit unit and 42 credits are required for the degree. There are other costs associated with various fees and for the travel expenses associated with making trips to the campus. In total, Hosang estimated the total cost of the degree to be approximately \$52,000 to \$54,000 over the 28 months of the program. For out of state students who do not have an advanced degree, the cost of the online MPH program is about \$11,000 more than the on-campus program. For California residents, the online course is slightly more expensive since there is no tuition reduction for in-state residents.

#### Interdisciplinary

The Berkeley program is an interdisciplinary MPH designed for

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*"The school's goal is "to get it right for California"*

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-Berkeley continues on page 7

### Winnable Battle??

Blum quoted CDC Director Tom Frieden who has called reducing teen pregnancy a “winnable battle”. Blum asked if this is so, and if it is, how could it be won? He agreed with the importance of two factors highlighted by the CDC Director – 1) changing social norms to make having babies at a young age unacceptable, and 2) making contraceptive and reproductive services more accessible. However necessary these two interventions may be, they are not sufficient, according to Blum. He went on to describe his more complex conceptual framework which he called a contextual model for thinking about teen pregnancy. He argued that the problem is multi-factorial and cannot be solved simply by better norms and more contraception.

### Macro-Level Factors

According to Blum, at the macro-level social policies such as minimum age at marriage laws and universal sex education, the type of neighborhood teens live in, social norms, and the type of poverty teens may be subjected to also exert an influence. Then there are what Blum called more proximal factors such as an individual’s biological development including brain changes in adolescence and the adolescent’s temperament and cognition that play into the risk of teen pregnancy. Blum told his audience at CDC that we have decontextualized teen pregnancy and politicized it by making it appear as

### Most Important

In attempting to prioritize the multiple risk factors for teen pregnancy, Blum pointed to a teen’s family as the most protective factor. He asserted that this finding is the most consistent risk factor found globally. He added more specifically that “connectedness to one or more parents” makes it less likely that teens will engage in early sex behaviors.

### School As Contraception

Following the importance of family, Blum said schools are the second most important factor. He told CDC epidemiologists that “a good school is good contraception”, and that “school retention is pregnancy prevention.” What also works for pregnancy prevention is training to provide skills, expanding opportunities for youth participation, and empowering parents.

In an interesting twist, Blum not only highlighted what works but what does not work to prevent teen pregnancy. In this ineffective category he placed 1) providing information alone, 2) scare tactics, 3) short-term only interventions, 4) promoting abstinence only, and 5) contraception only. In short, according to Blum, preventing teen pregnancy is not just about sex. It’s providing the support kids need. He ended his talk by referring again to CDC Director Frieden’s belief that teen pregnancy is a “winnable battle”. Blum agrees and says, “Yes, but...” ■

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*“a good school is good contraception”*

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*“the problem is multi-factorial and cannot be solved simply by better norms and more contraception.”*

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the mid-career professionals who would be likely to be taking this program and wanting courses from a wider variety of topic areas such as media advocacy, health disparities, program planning, program evaluation, and other topics.

### More Work

Already the faculty participants in the online MPH program have concluded that teaching online is a lot of work. Even though the teachers have taught the courses face-to-face, it still requires 3-4 months to build each course for online delivery, says Hosang. However, many of the faculty who were mildly skeptical about the quality of online teaching have enjoyed the benefits of online teaching such as the level of engagement with the students and learning about online tools that can be adapted for on-campus instruction.

### Demand for Training

The demand for MPH training is high as Hosang and his colleagues discovered when they carried out a human resources analysis in California using three separate sources of information. And the deficit is not in that state alone, says Hosang, referring to a national estimate of a 250,000 person shortage of trained professionals in public health by 2020. With 37-38 million persons, California has a significant deficit. To point out the degree of demand, Hosang noted the explosion of interest in public health among undergraduates at Berkeley.

“We offered an undergraduate major in public health for the first time in 2003 and in just 7 years graduated over 1,000 with this major,” says Hosang. The number has been capped at 150 each year going forward well below existing demand. There is also a high level of interest in global health careers stimulated by persons such as Bill Gates. Books and movies with public health themes have also fueled the upsurge in interest.

### Other Programs

The program at Berkeley follows on the heels of other part-time online programs including one at the Johns Hopkins Bloomberg School of Public Health. That institution began offering online courses as early as 1997 prompted by a CDC grant to provide certificate training for employees, according to Marie Diener-West, the Chair of the MPH Program and Professor of Biostatistics. Currently the Hopkins program has 250 full-time students enrolled on campus and 450 part-time students pursuing an internet based degree program over a 2.5 to 3 year period. The part-time students are required to take 20% of their credits (roughly 20 days) in face-to-face instruction either in intensive sessions taking place in Baltimore in June and January or in Barcelona in November. Occasionally, face-to-face offerings are given in other cities such as Washington DC and other localities. The program prides itself in providing a seamless experience for persons pursuing either online or onsite education. They are equivalent for admissions and academic

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34<sup>th</sup> on infant mortality out of 146 countries. In describing medical costs, the IOM points out that non-communicable, chronic conditions now account for more than 75 percent of the money spent on medical care, and chronic conditions associated with modifiable risk factors such as smoking, nutrition, weight, and physical activity represent 6 of the 10 costliest conditions. The US now spends 17.3% of gross domestic product on health and this is projected to rise to 19.3% by 2019. This can be expected to translate into an increase in family premiums for a typical insurance plan from approximately \$13,000 to \$24,000 by 2020, says the IOM.

### Causes

The IOM report highlights the failure of the US health system to truly tackle the preventable causes of poorer health. According to the IOM, “Despite the knowledge that most cases of those costly chronic conditions are preventable, the national strategy to address the health crisis is directed predominantly downstream at the medical care delivery system.” It calls the Affordable Health Care Act “a legislative precedent worth building on” and says that improving population health will require a “major strategic focus and aggressive action on root causes.”

### Need For Population Health Focus

Epidemiologists and public health professionals are well aware by now of the importance of the upstream social determinants of health, yet there continues to be a failure to identify and operationalize effective strategies. The

IOM spreads the blame for this failure among all the key actors, stating “...poor US health status and costly medical care consumption reflect a failure of the nation’s health system as a whole---medical care, governmental public health, and other actors---to support strategies that advance population health.”

### Social Spending

One indicator of the failure to put in place more effective strategies is the failure to make adequate investments in non-health care social spending compared to health care social spending since there is evidence of a relationship between the non-health care social spending and national health status. According to the IOM, spending allocation in the United States is the reverse of that in other OECD countries since the ratio of non-health care social spending to health care social spending was 2.0 in the OECD countries compared to 0.83 in the United States.

### Needed Strategies

The solutions to achieving better value for health investments are clear according to the IOM. They involve:

1. Controlling administrative waste
2. Eliminating sources of excess cost and other inefficiencies
3. Achieving universal coverage
4. Implementing population-based health improvement strategies.

This IOM Committee report focused on the fourth of these strategies.

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*“spending allocation in the United States is the reverse of that in other OECD countries”*

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- IOM continued from page 8

The first recommendation to help bring about the needed strategic changes is:

“The Secretary of HHS should adopt an interim explicit life expectancy target, establish data systems for a permanent health-adjusted life expectancy target, and establish a specific per capita health expenditure target to be achieved by 2030.”

### **Governmental Public Health**

The IOM recognizes in its report that governmental public health must play the key role in bringing about the needed improvements. It cites progress made nationally through governmental public health in reducing lead toxicity in children and households, achieving drinking water fluoridation, reducing motor vehicle fatalities, and causing a decline in smoking prevalence.

IOM calls chronic physical and behavioral health conditions the major health impediments to active living and personal fulfillment and to national economic competitiveness and productivity. It calls these non-communicable conditions “downstream effects” of social and physical environments. The IOM appears to blame the problem on inadequate funding — “governmental public health departments have not been adequately funded to take on the complex tasks of designing and implementing strategies that can limit the burden of non-communicable diseases in the United States.”

### **Urgent Problem**

Says IOM, “the urgency of a comprehensive national approach to the remediation of the ‘upstream’ causes of

non-communicable diseases, injuries and other contemporary health challenges, and the urgency of improving the functioning of the clinical care system could not be more pronounced.” The report speaks positively of the Affordable Health Care Act for its approaches to improving population health but stresses that “the investment is small (and has already been substantially reduced...the national strategy to address the health crisis is directed predominantly downstream at the locus of health care delivery and only weakly upstream at the causes of poor health that continue to generate large volumes of new cases in the medical care delivery system.”

In effect, the IOM report is calling for the nation to change how it invests its health funding and to direct a larger share of this money to governmental public health which in turns needs retooling of how it allocates and spends funds. Unmentioned in the IOM report is the apparent lack of political will to undertake the type and scope of changes proposed, many of which call for greater non-health care social spending. The current political opposition to the Affordable Health Care Act highlights the challenge that exists in implementing the IOM recommendations, even though it calls for improvements in life expectancy that only bring the US closer to, but not beyond, the life expectancy of peer nations.

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*-Berkeley continued from page 7*

experiences and degrees awarded, according to Diener-West, but the tuition for the online degree is more expensive, she said.

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*“a child dies every hour in the United States from an injury”*

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### Track Record

Recognizing the special challenges of online instruction, Hopkins has created a Center for Teaching and Learning which houses technicians and instructional designers who can assist faculty with preparing for their courses. Both synchronous and asynchronous instruction is made available for the students. Hopkins has had the opportunity to improve its online teaching over the years as the technology for doing online courses has changed, students have changed, and more bandwidth has increased the capability of what the faculty can do. In fact, some of the features of the online teaching have bled over into the onsite teaching such as the use of prerecorded lectures to free up time for more small group active learning. Despite its relatively long track record, the Hopkins program still has potential for growth, said Diener-West. Even with one hundred online courses the school plans to add additional courses and possibly expand to other degree programs.

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*“5,700 children’s lives would have been saved if the lowest state death rate was achieved nationally.”*

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## Epi News Briefs

### Child Injuries Still Number #1 Cause Of Death

A new issue of CDC’s Vital Signs highlights the fact that a child dies every hour in the United States from an injury amounting to over 9,143 deaths in 2009. Motor vehicle crashes, which dropped

by 41% between 2000-2009, still account for approximately half of all child deaths. The next leading cause of death is suffocation which affects infants and accounts for just over a thousand deaths or 13% of all child deaths in 2009. Other causes in order of importance are drowning, poisonings, fire, and falls.

While progress has been considerable in lowering child deaths, the US rate is four times greater than that of countries with the lowest rates such as Sweden, the Netherlands, and the United Kingdom (2-2.9 per 100,000 vs 8.7 in the US). Likewise variation is considerable between states, ranging from a low of less than 5 in Massachusetts and New Jersey to more than 23 in South Dakota and Mississippi. In 2009 according to CDC, more than 5,700 children’s lives would have been saved if the lowest state death rate was achieved nationally.

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### New Blog on Philosophy and Epidemiology

A new blog has been started by [Alex Broadbent](#) on philosophy and epidemiology at [wordpress.com](#). According to the University of Johannesburg philosopher, “I’m hoping the site will develop into a forum for discussions on conceptual and methodological issues related to epidemiology and public health science and policy.”

To read entries and post replies, visit:

<http://philosepi.wordpress.com>

*- Briefs continued on page 11*

## New Report Finds Breast Cancer Can Be Classified As At Least 10 Different Diseases

A new report in the April 18 online issue of Nature has performed detailed genetic analyses on breast tumor samples from nearly 2,000 women and categorized the patterns uncovered into ten separate categories with different molecular fingerprints each with a different outcome ranging from extremely poor to good. The analyses are more detailed than what has been done before and the information is being called crucial new information about breast cancer. This is because the information may lead to finding new drugs to target different characteristics of the tumors. According to one of the authors, breast cancer should be regarded as

an umbrella term for a range of diseases. The head of Cancer Research UK told the press this study will completely change the way we look at breast cancer. ■

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### Intended To Be Useful

An area of focus for the Executive MS program will be on teaching nmnapplied skills. It will include four methods courses, three biostatistics classes, and two additional courses where students will learn to use software packages. The idea says Keyes is for students who complete the degree to be able to take their skills into the field right away to do research.

For more information about the program, visit:  
<http://tinyurl.com/6qlggu7> ■

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**utmb** Health

### Tenure-Track Assistant Professor in Women's Health

The University of Texas Medical Branch (UTMB) Center for Interdisciplinary Research in Women's Health invites applications for an entry level assistant professor tenure-track position. Supported through the NIH K12 career development program (*Building Interdisciplinary Research Careers in Women's Health*), the position provides a minimum of 75% protected time for research, a competitive salary and benefits package, and assistance to establish independent, externally funded research.

Applicants must 1) be a U.S. citizen or permanent resident; 2) possess a doctoral-level health science degree; and 3) have no more than 6 years of post-degree research experience. A strong publication record and experience with grant writing is preferred. Preferred disciplines include epidemiology, statistics, public health, demography, and sociology.

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For more information please see [www.utmb.edu/bircwh/AppProcessR.htm](http://www.utmb.edu/bircwh/AppProcessR.htm) or send electronic curriculum vitae, statement of research interests and goals, and the names of three references to:

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[abberens@utmb.edu](mailto:abberens@utmb.edu)

The University of Minnesota Masonic Cancer Center and Division of Epidemiology and Community Health, School of Public Health, are jointly recruiting full-time positions at the rank of tenure-track Assistant Professor, tenure-track or tenured Associate Professor, or tenured Full Professor to participate in and lead growing programs in research and teaching in the area of cancer etiology and prevention. These appointments provide outstanding opportunities for research and teaching collaboration across a broad range of disciplines. The Division of Epidemiology and Community Health (<http://www.epi.umn.edu>) provides a rich and collaborative environment for the investigation of the etiology and prevention of chronic and infectious diseases. It has 50 primary faculty who bring in over \$30 million annually in sponsored research grants, and an additional 80 adjunct faculty. The University of Minnesota Masonic Cancer Center (<http://www.cancer.umn.edu>) is an NCI-designated Comprehensive Cancer Center, with NIH grants totaling over \$41 million annually.

Requirements include an earned doctorate with formal training in epidemiology and a strong background in cancer etiology, relevant research experience, publications in peer-reviewed journals, evidence of graduate-level (or comparable) teaching experience, and evidence of potential for obtaining independent external research funding or prior history of successful external research funding. Investigators with an interest in cancer epidemiology and/or survivorship, epidemiologic methods, and/or molecular or genetic epidemiology of cancer are encouraged to apply. Current areas of expertise and research include etiology with regard to nutrition, infectious causes of cancer, pediatrics and adolescents and young adults, tobacco, and sun exposure, but we welcome applicants in all areas of cancer epidemiology expertise. Appropriate candidates will be considered for an endowed professorship. Rank and salary are competitive and commensurate with experience and qualifications.

The position is available Summer 2012 and will remain open until filled. For questions contact Tracey Kane ([kane@umn.edu](mailto:kane@umn.edu)). Please see our full job description on the Epidemiology Monitor's website. To apply for the tenure-track positions please submit a cover letter, CV, and a list of at least three referees, follow this link: [https://employment.umn.edu/applicants/jsp/shared/position/JobDetails\\_css.jsp?postingId=534476](https://employment.umn.edu/applicants/jsp/shared/position/JobDetails_css.jsp?postingId=534476) (req.#177206) or [https://employment.umn.edu/applicants/jsp/shared/position/JobDetails\\_css.jsp?postingId=534479](https://employment.umn.edu/applicants/jsp/shared/position/JobDetails_css.jsp?postingId=534479) to apply for the tenured position (req. # 177207).

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**University of Washington**  
Collaborative Health Studies Coordinating Center

**Department of Epidemiology**  
**Faculty Position – Assistant Professor**  
**(WOT or Research Track)**

The Department of Epidemiology and the Collaborative Health Studies Coordinating Center (CHSCC) at the University of Washington seeks to fill one or two full time (100% FTE) faculty positions at the rank of Research Assistant Professor or Assistant Professor without tenure (WOT) with emphasis in pharmacoepidemiology and cardiovascular disease research. A PhD in Epidemiology and a minimum of two years post-doctoral experience in a research setting is required. Preference will be given to candidates with expertise in statistical methods for the analysis of longitudinal data, experience working with large medication databases, and experience in cardiovascular disease. A track record of collaborative publications, grant-writing experience, and/or methodological research is highly desirable. The position involves research in a wide array of cardiovascular disease research that is ongoing at the Collaborative Health Studies Coordinating Center (see <http://www.uwchsc.org/>). More specifically, the successful candidate will work with data from the Multi-Ethnic Study of Atherosclerosis (MESA), and the Cardiovascular Health Study (CHS).

Faculty at the University of Washington are expected to 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.

Initial review of applications will begin on May 31, 2012, and will continue until the position is filled. Please send a letter of interest, complete CV, and list of four references to:

Richard Kronmal, PhD  
Collaborative Health Studies Coordinating Center  
6200 NE 74th Street, Suite 310

Seattle, WA 98115  
Email: [sandis@u.washington.edu](mailto:sandis@u.washington.edu)

The City University of New York (CUNY) has successfully established an accredited School of Public Health (SPH), headquartered in East Harlem. This SPH has identified the following priority areas on which to focus its teaching research and service efforts: urban health, chronic disease prevention and management, population aging and health equity. The CUNY SPH is a consortium of the public health programs at Hunter (East Harlem campus), Brooklyn, and Lehman Colleges, and the CUNY Graduate Center. The CUNY SPH offers a range of CEPH-accredited MPH and DPH degree programs, including an MPH in either epidemiology or biostatistics and a DPH in epidemiology.

This 9-month, salaried tenure-track appointment at the rank of either Associate or Full Professor will be made at Hunter College, beginning September 2012. Visit the website for more details: <http://www.cuny.edu/site/sph.html>

Job ID: 5416

**Key responsibilities include:**

- Strengthening and further developing the biostatistics training component of the EPI-BIOS MPH program.
- Providing support to the school-wide MPH and DPH program.
- Leading and seeking funding with interdisciplinary research teams.
- Teaching graduate courses in biostatistics and helping to develop new courses aligned with the EPI-BIOS program, as needed.

**MINIMUM QUALIFICATIONS**

Doctorate in biostatistics, or similar field in the social or natural sciences (e.g., statistics, epidemiology, public health, medicine). Also required are a demonstrated track record of proficiency in teaching both introductory and advanced biostatistics (or near equivalent course material) at the graduate level, interest in and potential for productive scholarship or creative achievement, and desire to collaborate with others for the good of the EPI-BIOS Program and the CUNY SPH.

**COMPENSATION**

Commensurate with qualifications and experience within the salary range for the title:

- 9-month salary for Associate Professor: \$55,602 - \$88,418
- 9-month salary for Full Professor: \$68,803 - \$106,071

Salary offers will be commensurate with academic rank, experience, academic accomplishments and national reputation.

Instructions on how to apply for a position at CUNY:

<http://cuny.edu/employment/cunyfirst/CUNYfirst-application.html>

Open until filled with first review of application material to begin March 1, 2012.



JOHNS HOPKINS  
**BLOOMBERG**  
SCHOOL OF PUBLIC HEALTH

**Assistant or Associate Professor**  
**Quality, Outcomes & Comparative Effectiveness Research**

The Department of Health Policy and Management in the Johns Hopkins Bloomberg School of Public Health, is seeking a tenure track **Assistant or Associate Professor** with an interest in quality, outcomes and comparative effectiveness research, with expertise in the design and conduct of randomized controlled trials. Rank will be commensurate with experience.

The successful candidate will contribute to the Department's multi-disciplinary research and educational initiatives in health services and outcomes research. He or she will serve as core faculty in the Center for Health Services and Outcomes Research (CHSOR), which focuses on comparative effectiveness and patient centered outcomes research. He or she will also serve as core faculty for METRC, a Department of Defense funded collaboration of more 30 trauma centers aimed at producing the evidence to inform treatment guidelines and improve health outcomes of service members and civilians who sustain major limb injuries.

Applicants should have training or experience in health outcomes research and trial design; exhibit potential for a distinguished record of scholarship in health services & outcomes research; and show promise for excellence in teaching.

The deadline for submission is June 15, 2012. Interested candidates should send a letter of interest, curriculum vitae, and the names of three references to:

Ellen J. MacKenzie, PhD  
Fred and Julie Soper Professor and Chair  
Department of Health Policy and Management  
Johns Hopkins Bloomberg School of Public Health

624 North Broadway, Room 482  
Baltimore, MD 21205

emackenz@jhsph.edu

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University of Pittsburgh

**ASSISTANT PROFESSOR**

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a full-time faculty position at the level of Assistant Professor. This position is available immediately and requires a doctoral degree and research experience in reproductive epidemiology, reproductive health, and/or social and geographic risk factors for disease.

The successful candidate will be responsible for developing research focused on reproductive, perinatal and pediatric epidemiology outcomes including fertility, adverse pregnancy outcomes, and diseases of childhood and adolescence. The individual will submit independent research grants, publish manuscripts and be responsible for all aspects of large epidemiologic studies including staff training and supervision, protocol adherence, quality control, participant follow-up, and data collection, management, and analysis. The successful candidate will also contribute to teaching within the epidemiology program.

This position is outside of the tenure stream and is funded by grants from the National Institutes of Health. Salary will be commensurate with experience.

Applications will be reviewed until position is filled. Send letter of intent, curriculum vitae, and the names of three references to:

Position # 0129820  
c/o D. Bushey  
Department of Epidemiology

Graduate School of Public Health  
University of Pittsburgh  
Pittsburgh, PA 15261

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**Date:** August 13-31, 2012

**Venue:** Erasmus University Rotterdam,  
the Netherlands

More information and contact details:  
[www.erasmussummerprogramme.nl](http://www.erasmussummerprogramme.nl)

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## Opportunities This Month

- 11 - UTMB / TT Asst Prof - Womens's Health
- 12 - U MN / Prof - Cancer Epi & Prevention
- 12 - U WASH / Faculty - Epi
- 13 - CUNY / Faculty - Epi & Biostatistics
- 14 - Hopkins / Prof Outcomes Research
- 14 - U PITT / Asst Prof - Epidemiology
- 15 - Erasmus / Summer Epi Program
- 16 - UMASS / Post-Doc Research Fellow
- 16 - UC Irvine / TT Professor - Epidemiology

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UNIVERSITY OF MASSACHUSETTS  
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### Postdoctoral Research Fellow

We seek candidates for a postdoctoral research fellowship in the area of breast cancer etiology and prevention. Applicants must have a doctoral degree in epidemiology or related field, and strong quantitative skills. Substantial experience can be gained in conducting data analyses in cohort, nested case-control and cross-sectional studies (primarily using questionnaire and biomarker data from the Nurses' Health Study cohorts), in project development and management, and manuscript and grant writing. A detailed description can be found at [http://www.umass.edu/sphhs/documents/SPHHS\\_Epi\\_postdoc.pdf](http://www.umass.edu/sphhs/documents/SPHHS_Epi_postdoc.pdf).

Please send CV, statement of training and research goals, and names of 3 references to Dr. Sue Hankinson at [shankinson@schoolph.umass.edu](mailto:shankinson@schoolph.umass.edu)



SCHOOL OF MEDICINE  
UNIVERSITY of CALIFORNIA • IRVINE

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School of Medicine  
Department of Epidemiology

**Position: Associate or Full Professor, Tenured**

The Department of Epidemiology at the University of California, Irvine is seeking applicants for a position at the level of Associate or Full Professor 1.0 FTE (tenured), who will lead nutritional epidemiology research including body composition and physical activity. The position also includes teaching of nutritional sciences and Physical activity of non-communicable and chronic diseases (NCDs). The successful candidate must have strong training and skills in nutritional sciences and in particular nutritional epidemiology of NCDs such as cancer, cardiovascular disease, diabetes and obesity. Candidates must have track record in conducting nutritional epidemiology research with experience in the conducting epidemiologic studies in populations and communities. Candidates must also have experience in studying the influences of factors that modify the effect of dietary intake such as physical activity and other lifestyle factors of disease outcome. The successful candidate is expected to establish an independent research program on the roles of nutrition in NCD risk assessment and prevention, with a focus on prevention. Candidates are expected to demonstrate future promise for establishing and maintaining vibrant, independent and extramurally-funded research programs. The research by the faculty in the Department of Epidemiology is multidisciplinary and encompasses a wide spectrum of non-infectious diseases in genetic epidemiology, environmental epidemiology and biostatistics. The successful candidate is expected to establish the research agenda in nutritional epidemiology and build academic linkages with other departments and centers throughout the university and with the community. A publication track record and prior NIH funding success in nutritional epidemiology and NCDs is essential.

**Minimum Requirements** - Applicants must hold a PhD or MD, PhD, preferred in nutritional sciences epidemiology, physical activity/body composition or related fields such as public health and epidemiology. Minimum of 5 years work experience in an academic setting with success in obtaining extramural research funding in nutritional epidemiology of NCDs

**TO APPLY:** Please log onto UC Irvine's RECRUIT located at <https://recruit.uci.edu/apply>. Applicants should complete an online application profile and upload the following application materials electronically to be considered for this position:

1. Statement of Interest
2. Curriculum Vitae
3. Names of at least three references

*The University of California, Irvine is an equal opportunity employer committed to excellence through diversity and strongly encourages applications from all qualified applicants including women and minorities. UCI is the recipient of a National Science Foundation ADVANCE award for gender equity.*