

## Ken Rothman Delivers 12<sup>th</sup> Annual Saward-Berg Lecture at the University of Rochester on the Public Perception of Epidemiology

True or false? If there is a discrepancy between the results of a randomized clinical trial and those of observational studies, you should automatically consider the trial results correct and the observational results suspect.

According to Ken Rothman, Distinguished Fellow at the Research Triangle Institute and annual Saward-Berg lecturer at the University of Rochester, the answer is false. If you answered true to this statement you

are falling prey to a common misperception about the value of different study designs, Rothman told the Rochester audience. In fact, randomized trials fall within the broader rubric of epidemiologic studies and share with other epidemiologic studies a broad array of concerns, he added.

### Origins of Skepticism

Rothman traced the origins of some - *Rothman continues on page 2*

## Editors Speak Out On Changes in Current Journal Publishing

### Provocative Interviews With The Editors Of Two Online Epidemiology Journals

[Ed. We recently learned from George Maldonado, University of Minnesota epidemiologist and editor-in-chief of Epidemiologic Perspectives and Innovations (EP&I) that the journal would cease publication. According to Maldonado, "the journal will stop being published by BioMed Central as of March 30, 2012 because we do not publish enough articles to fit

their business model."

We were surprised by the news and wondered how Emerging Themes in Epidemiology (ETE), a second online epidemiology journal launched at the same time and published by BioMed Central was faring. These were the only exclusively online journals we knew - *Journal continued on pg 4*

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***“The scientific community is divided. Some say this stuff is dangerous, some say it isn’t.”***

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*-Rothman continued from page 1*

of the public reservations about epidemiologic findings to earlier critics of epidemiologic work such as Ralph Horwitz and Alvan Feinstein, who published papers in the New England Journal of Medicine in the late 1970's questioning the link between estrogen and endometrial cancer. At the time, they blamed detection bias for the association. In later work, they criticized epidemiologic research more broadly, asserting that principles they believed were used to evaluate scientific results in general should also be applied to epidemiology.

### **Coffee and Pancreatic Cancer**

Rothman mentioned another controversial finding, the report of a link between coffee and pancreatic cancer in the early 1980's, which fueled subsequent public skepticism about the value of epidemiology. This skepticism came to be embodied in cartoons such as the one in the Cincinnati Enquirer showing a newscaster selecting the day's Random Medical News from the New England Journal of Panic-Inducing Gobbledygook. The newscaster spins wheels with chance alone determining which factor comes up, then which disease, then which affected population will randomly constitute the day's news.

### **Cartoons**

In a talk which he himself peppered with such cartoons and illustrations to make his point about public perceptions, Rothman showed his audience the now often-used drawing of a tanker truck carrying

potentially hazardous liquids with the following words inscribed on the rear of the tanker – “The scientific community is divided. Some say this stuff is dangerous, some say it isn’t.”

The much-referred-to 1995 Science article by Gary Taubes entitled “Epidemiology Faces Its Limits” was criticized by Rothman for feeding public misperceptions about epidemiology by relying on out-of-context quotes and other journalistic devices.

### **Discrepant Findings**

Of course, the main factor in public skepticism about epidemiology comes not so much from journalists' errors or practices but from apparently discrepant findings between epidemiologic studies or between observational studies and randomized trials. Perhaps the most well known modern example of this type of discrepancy is the much publicized conflicting set results on hormone replacement therapy. In this example, cohort studies indicated that hormonal therapy could reduce risk of coronary heart disease, whereas trials showed either no effect or an adverse effect.

### **Other Explanations**

According to Rothman, it was facile to ascribe differences in study results such as those relating to hormone replace therapy to a hierarchy of supposed reliability in study designs, casting doubt on the validity of any findings that did not emanate from randomized trials. He praised the work of Miguel Hernan, who

*-Rothman continues on Page 6*

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## Hopkins Dean Emphasizes The Importance of Advocacy For Public Health Scientists

“It’s often the case that our most successful researchers are also the greatest advocates.” This is an observation made by Michael Klag, Dean of the Johns Hopkins Bloomberg School of Public Health, writing in a recent letter to alumni of the School. According to Klag, he was led to reflect on advocacy and its role at the School by a speech made recently at the School by Melinda Gates who was there to receive a Global Health Leadership Award.

Klag’s reflections began with the recollection that when he interviewed for the job as dean he was told by a faculty member who interviewed him “We don’t do advocacy.”

According to Klag, some of the early science leaders at Johns Hopkins such as William Henry Welch and EV McCollum set the standard for scientist-advocates. In modern times, epidemiologists at the School such as Alfred Sommer for vitamin A, Susan Baker for injuries, and Jonathan Samet for multiple health issues, have advocated effectively from a science base.

For example, Sommer once reminded epidemiologists that data do not speak for themselves and that scientists should follow up on their leads and build a web of compelling evidence over time. He encouraged scientists at the workshop to engage in the messy political arena using solid evidence without becoming wild-eyed advocates.

Klag was quick to acknowledge that advocacy must rest on a solid

scientific foundation. “At the School, we gather data according to rigorous standards and then analyze them to allow unbiased inferences. When the evidence is clear, we advocate for change that preserves health and prevents illness and injury.

In closing his letter, Klag noted “effective policy is the tip of the spear by which evidence becomes practice...we do advocacy because advocacy helps save lives.” ■

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### Epi News Briefs

[Published Online on March 13, 2012]

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#### Researchers Call For Addressing Definitional Issues In New Field Of “Surgical Epidemiology”

“The eye cannot see what the mind does not know.” With words like these, Amardeep Thind, a head and neck surgeon and health services researcher in Canada and US colleagues have published a call to action in the World Health Organization Bulletin for more effort to be placed into defining the field of surgical epidemiology and its goals and objectives. The usual “distribution and effort to be placed into defining the field of surgical epidemiology and its goals and objectives. The usual “distribution and determinants” definition of epidemiology does not work

-Briefs continue on page 5

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*“Sommer once reminded epidemiologists that data do not speak for themselves”*

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*“effective policy is the tip of the spear by which evidence becomes practice...”*

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- *Journal continued from page 1*

about in epidemiology and we were curious about the state of online publication of epidemiology journals. We contacted the editors and asked them to reply to a common set of questions to help readers understand the current situation. What emerges is a contrasting but always interesting set of perspectives on epidemiology in 2012.

The first interview published below is from the editors of EP&I (George Maldonado [GM] and Carl Phillips [CVP], former professor now operating a private, academic-style epidemiology and economics research shop called *Populi Health Institute*. This is followed by comments from the team of editors of Emerging Themes in Epidemiology at the London School of Hygiene and Tropical Medicine [LSHTM] ((Peter Smith, Clarence Tam, Ben Lopman, and Anita Ramesh)

#### **First Interview Editors of Epidemiologic Perspectives and Innovations**

**EM:** When was the journal launched?

**GM:** September 2004

**EM:** Have the editors been the same since then?

**GM:** The Editor in Chief was originally Carl, then I joined him as co-editor-in-chief in April 2007, and then Carl left it entirely in June 2010. We are currently discussing how to possibly continue it under a different

publishing model. I would be in charge, and Carl is considering joining me in a co-chief type role.

The original editorial board consisted of a group of well-known and impressive senior and junior epidemiologists. Over the years, it evolved toward less involvement by most of them, with a few younger scholars really being the supporting editors.

#### **Hopes and Expectations**

**EM:** How has the journal lived up and fallen short of your hopes and expectations?

**CVP:** The quality of the journal was great. I genuinely believe that the average quality of the articles, in terms of value and scientific legitimacy, was the highest of any journal in the field. Of course, it was biased toward that by being designed to capture what we thought were critical aspects of epidemiology that no one else would publish because they deviated too much from business as usual. However, part of the reason for the high average quality was low volume. When I started this, I had the notion that there was a huge backlog of ideas that were ideal for this journal because I heard so many of them from our colleagues. Unfortunately, many of those just never appeared -- not in EP&I or anywhere else. Sadly, even among those who really want to help push the field away from where it seems to have been stuck since well before I joined it, there is not really much incentive to spend one's time that way.

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# Center for Global Non-Communicable Diseases Being Launched At London School of Hygiene and Tropical Medicine

## One Day Symposium Will Kick Off The New Center

The London School of Hygiene and Tropical Medicine, seeking to build on the momentum created around chronic diseases at the recent meeting of the General Assembly of the United Nations in September 2011, is launching a new Center for non-communicable diseases (NCD's) in late April 2012 in London.

According to the press release from the LSHTM, the new Center will help share and disseminate information and expertise and develop new research and policy initiatives. The areas of primary interest are low and middle income countries, however, the Center will promote communication and collaboration between researchers in

high as well as in low and middle income countries.

The symposium will take place in London on April 25 and will feature many well known epidemiologists as speakers or session chairs. Included among these are Robert Beaglehole and Ruth Bonita from the University of Auckland, Shah Ebrahim, Jorn Olsen from the International Epidemiological Association, and Neil Pearce and Laura Rodrigues from the LSHTM.

To register please visit <http://globalncd.eventbrite.co.uk>

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*“the new Center will help share and disseminate information and expertise and develop new research and policy initiatives.”*

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## Epi News Briefs

*-Briefs continued from page 3*

well for surgical interventions, particularly in developing countries which is the area Thind and colleagues are most focused on. They call for consensus-building among stakeholders to resolve the outstanding issues.

Definitional issues are important say the investigators because “the validity and reliability of our estimates depend on clear definitions of what we seek to measure. That’s because there is a chance that surgical interventions in these settings can be shown to be cost-effective public health tools.

## Surgeon General Releases 31<sup>st</sup> Report Focused on Tobacco-Related Issues – This Time Among Young People

A new report from Dr Regina Benjamin, US Surgeon General, estimates that 1,200 people die each day in the US due to smoking and that each of these dying smokers is replaced by 2 young persons between the ages of 12-25 who start smoking each day. How do you explain this? According to the report, tobacco companies spend more than a million dollars an HOUR in the US alone to

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*...1,200 people die each day in the US due to smoking...*

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showed that the discrepancies between the Nurses' Health Study and the Women's Health Initiative results could be largely explained by differences in the distribution of time since menopause and length of follow-up, and that in the case of hormone replacement therapy and CHD, the differences between experimental and non-experimental studies reflected differences across study populations, rather than confounding problems or other internal biases.

### Reasons For Discrepancies

In Rothman's view, it is much more productive to ask why the discrepant results have been produced than to ascribe them automatically to study design issues. Some of the reasons that may be operating to explain discrepancies between study results include differences in exposures or treatments, misinterpretation based on statistical significance testing, uncontrolled confounding, effect measure modification, random error, bias from intent-to-treat analysis, or other biases.

In fact, observational studies have positive features not found with trials such as lower cost, larger sample sizes, ability to examine relatively rare endpoints, fewer ethical barriers, inclusion of a wider range of patients, and evaluation of treatments in real world as opposed to artificial trial conditions.

### Conclusion

In concluding, Rothman stated that differences across epidemiologic

studies have often been ascribed to the study design itself instead of study flaws. He stated that if studies are well conducted and if they truly address the same question, different approaches should give similar results.

## Notes On People

**Honored:** Ciro de Quadros, Brazilian epidemiologist, with the BBVA Foundation's Frontiers of Knowledge award in the Development Cooperation category for his work leading efforts to eliminate polio and measles from the Western Hemisphere and for his contributions to the eradication of smallpox. De Quadros made his major contributions while working as head of the Pan American Health Organization's immunization program during the 1980's and 1990's. PAHO has called him one of its most inspiring and visionary professionals. BBVA is a global group that offers financial and non-financial products and services.

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**GM:** Authors from "subscriber" institutions could publish in EP&I at no charge. Authors from non-subscriber institutions are charged a publication fee that has increased over the years and is currently at \$1700. That is a steep price for the kind of papers that EP&I hoped to publish---methodological work that often has no grant support. Over time, fewer institutions subscribed to BioMed Central, and consequently a rising proportion of authors faced this publication cost. I believe this has been a significant disincentive to submit to EP&I. And over time, as BMC was sold and it's business model evolved, BMC decided that they are not interested in publishing small-volume journals like EP&I.

### The Future

**EM:** What is your view about the future of your journal and of any similar online journals?

**CVP:** The BMC publishing model is a strange niche that made sense for about five minutes in the 2000s, but it really is already as scientifically obsolete as the paper it half replaced. However, it will hang on for a long time, and indeed is expanding because of academic score-keeping. What I mean is that it makes little sense for a publisher to create something that is exactly like an old paper journal, except minus the paper, and charge a large amount to publish in it. What passes for finished work in public health sciences, as well as peer review as it is practiced, is already a joke and is

getting worse. So most journals serve little purpose other than adding common formatting to a working paper archive. But because there are thousands of people who get points for "peer reviewed" publications in a journal that is associated with a for-profit publisher, and hundreds more every year in China, India, Nigeria, etc., there is a market for pay-to-publish journals that fit the score keepers' criteria and I think I get an email about a new one starting every few weeks.

But these journals are being squeezed. On one side are low- or no-cost open-access journals which we hope EP&I will become which can be published using modern technology for almost free by the same people who do all the work anyway, the editors. On the other side is the obsolescence and failure of the whole current model, which has been largely displaced in fields that are serious about quality (physics, math, economics). As I said, there will be plenty of demand for the new page-fee harvesting operations, supporting promotions at new Chinese universities that are trying to imitate America c.1980. I would like to think that the rest of us can move into the next century; well, I would like to hope anyway -- I am not actually optimistic.

**GM:** Currently there is really no good reason for EP&I to continue to publish under a business model like BMC. As I mentioned, the publication charge is a disincentive for the kinds of papers we are hoping to publish. And BMC gave us no

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*"We are excited about introducing an "open peer review" system for most of the submitted papers."*

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support for the day-to-day activities of running a journal, other than formatting manuscripts and maintaining a web site. We are optimistic that we can find a low-cost alternative to BMC. Consequently, I am optimistic that EP&I will continue to be published and continue to attract manuscripts that address the methodological needs of epidemiology.

**CVP:** As a result of conversations between George and I, our plans are to create a new version of EP&I (BMC is graciously letting us keep ownership of the name) that fulfills some of the original goals and perhaps broadens the scope a bit further. We (GM and CVP) along with Igor Burstyn (Drexel University) plan to re-launch using some of the inexpensive open-access journal tools that are now widely available, and will allow publication with very little or no fee. We will continue the recent main mission of EP&I under GM's leadership, publishing invited papers that revisit classic thoughts and articles, as well as providing a home for analyses that do not fit well into standard medical or epidemiology journals. We are excited about introducing an "open peer review" system for most of the submitted papers. With this, we hope to attract articles from traditional sources, but also from some of the countless analysts who do good epidemiologic analysis but do not want to bother with the abuse and arbitrariness in the standard peer review process.

Open peer review, in which pre-final copies of papers would be posted to be openly reviewed by any interested readers, is a version of the crowd-sourced reviews that have pretty much

taken over other fields like physics, math, and economics, and are being used to some extent in most fields across academia. In many other fields, this consists of a finished paper being posted and then subject to "post-publication peer review" rather than peer review consisting of three or four people engaged in arbitrary gatekeeping. In those cases, the final journal article (if there is one) is almost like an archiving after the work has been in play for years. Our version will be more of a hybrid with traditional peer review, designed to improve the paper before finalizing it, but with the goal of a accepted peer-reviewed version in the journal as rapidly as is appropriate. But our version would share with the others a recognition that dialogue and crowd-sourcing needs to replace the star-chamber-like gatekeeping and stamp-of-approval process.

### Other Comments

**EM:** What comments, if any, would you make to your epidemiology colleagues on the topic of your journal?

**CVP:** The day will dawn when there will be demand for scientific thinking in epidemiology rather than either just cranking out studies using 1980s technology or layering on complicated statistics that amount to polishing the chrome on the Titanic. If you are one of the true scientific thinkers, don't give up. But also don't try to fight the powers that be on their own ground, an experience that will leave you either miserable or co-opted.

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**GM:** I believe there is a need for outside-the-box thinking about how to ask and answer cause-and-effect questions about health. My perception (and personal experience) is that established journals are not comfortable with these kinds of manuscripts. It appears to be easier for reviewers and editors to reject such papers than to risk accepting a manuscript that is based on (or is proposing) an alternative framework for thinking about epidemiologic issues. EP&I is comfortable with these manuscripts, and indeed encourages them.

## Second Interview Emerging Themes in Epidemiology

**EM:** When was the journal launched?

**LSHTM:** The journal was launched in 2005, at around the same time as EP&I

**EM:** Have the editors been the same since then?

**LSHTM:** The senior management (editor-in-chief and deputy editors) have remained the same since ETE's launch. Part of the journal's remit is to provide doctoral students with editorial experience, so the editors responsible for the day-to-day operation of the journal change on a regular basis. The editorial board has recently undergone a major restructuring.

**EM:** Is your journal being dropped by Bio Med Central for infrequent publication?

**LSHTM:** BMC was considering dropping the journal. Over the past year, we have been having discussions with them to develop a plan for broadening the focus of the journal and increasing publications, which includes a restructuring and expansion of the editorial board, a change to the journal's remit and activities to promote the journal and increase article submissions. We have found BMC to be very supportive and receptive to these changes.

## Hopes and Expectations

**EM:** How has the journal lived up to your hopes and expectations?

**LSHTM:** As mentioned above, part of the journal's remit is to provide a training ground for young researchers who want some practical experience in the editorial process and to this end, we feel that the journal has largely been a successful enterprise. We have been disappointed that the submission rate has been lower than we anticipated.

**EM:** How has the journal fallen short of what you were hoping for?

**LSHTM:** We have encountered many of the same difficulties as our EP&I colleagues in terms of attracting a sustained volume of submissions and achieving the journal's other main aim, which is to be a leading publication for promoting discussion into epidemiological concepts, methods and developments. We have also

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*“We have a revamped and reinvigorated editorial board”*

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### The Future

**EM:** What is your view about the future of your journal and of any similar online journals?

**LSHTM:** We have a revamped and reinvigorated editorial board, and we believe that Open Access journals are the way of the future. However, we recognize that established epidemiological journals pose substantial competition for high quality articles and we have widened our scope to appeal to a larger author base.

### Other Events

**EM:** What comments, if any, would you make to your epidemiology colleagues on the topic of your journal?

**LSHTM:** We believe there are strong ethical and moral imperatives for Open access publishing and we would urge your readers to submit to ETE to give their findings the widest circulation. We particularly encourage submissions in the following areas:

### Submissions

- New epidemiological concepts and methods
- Novel ways of presenting and providing insights into existing epidemiological concepts and methods, including in a teaching environment
- Use of epidemiological research methods in non-medical settings (e.g. criminology)
- Causal inference in epidemiology

- Applications of new technologies in field studies (e.g. mobile technologies, pattern recognition techniques, social networking tools)
  - Ethical issues in epidemiological research
  - New statistical methods, or novel uses of existing methods, in epidemiological studies
  - Methodological developments in molecular and genetic epidemiology and novel applications in these areas
  - Historical articles and re-assessments of classic paper
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*“We believe there are strong ethical and moral imperatives for Open access publishing”*

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market their products. If an estimated 2,400 new smokers are created each day, and the tobacco companies spend more than 24 million dollars per day, that equates to more than 10,000 spent on each young person induced to smoke.

Other highlights which can be gleaned from the report are that today more than 600,000 middle school students and 3 million high school students smoke cigarettes. Rates of decline for cigarette smoking have decreased in the last decade producing 3 million more young smokers today than we would have had if progress had not slowed. Successful tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community wide efforts.

### **Epidemiologist Heads Effort To Digitize Private Physician Medical Records**

"Data is power". Setting aside grammatical concerns for a moment, the idea is clear. Data can be useful for a whole host of purposes. That's the thinking of Farzad Mostashari, a physician epidemiologist, according to a profile about him in Kaiser health news. Mostashari is in charge of the federal office with billions of dollars to distribute to physicians who automate their medical records. Some doctors could earn

bonuses of up to \$64,000 over six years to install and use electronic record systems. As an epidemiologist, Mostashari can see the potential payoff in terms of data monitoring to detect outbreaks, evaluate the efficacy of medical procedures, uncover new approaches to care, and cut unnecessary costs. The passage of the new health care reform act with the provision to show meaningful use of electronic health care records by 2015 may guarantee employment for epidemiologists and public health professionals for some time to come!

### **New Journal of Epidemiology and Global Health Launched**

A new journal with a special interest in publishing evaluations of policies which have been implemented based on epidemiological and public health research has been launched by Elsevier. The new journal will be edited by Ziad Memish, an assistant deputy minister of health for preventive medicine from the Ministry of Health in Saudi Arabia. Faculty from Emory University, where Memish also holds an adjunct appointment, are also involved with the journal. In an accompanying article in the first issue, Memish and co-author Anne Marie Pardon from Elsevier highlight how non-communicable diseases (NCD's) are now in the spotlight as a result of the UN General Assembly's Summit on NCD's last September. This journal can be considered an offshoot of this heightened interest.

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*electronic health care records by 2015 may guarantee employment for epidemiologists and public health professionals for some time to come!*

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*"Data is power"...*

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Texas	NRSA T32 Postdoctoral Fellow	UT Medical Branch	abberens@utmb.edu
N. Carolina	Research Asst Professor	UNC - School of Global Pub. Health	<a href="http://jobs.unc.edu/2502399">http://jobs.unc.edu/2502399</a>
Arizona	Dir Health Info Center	Arizona State University	Tameka.Jackson@asu.edu
California	Professor - Epi	UC Irvine School of Med	<a href="https://recruit.ap.uci.edu/apply">https://recruit.ap.uci.edu/apply</a>
Arizona	Epidemiologist	San Carlos Apache Tribe	<a href="http://epimonitor.net/2011-1266.htm">http://epimonitor.net/2011-1266.htm</a>
Wisconsin	Assoc Dir Ctr for Effectiveness Rsch	Medical College of Wisconsin	jpanepin@mcw.edu
Michigan	Sr. Faculty – Cancer Epi	U Mich – School of Public Health	lfeld@umich.edu
Texas	Mgr III – Senior Epidemiologist	Texas Cancer Registry	Melanie.Williams@dshs.state.tx.us
Texas	Assoc/Full Professor - Epi	U North TX – Health Science	david.sterling@unthsc.edu
Washington	Research Asst Professor	Univ Washington / SPH	epidem@uw.edu
Georgia	Faculty – Environmental Health	Emory – Rollins SPH	rthom10@emory.edu
New York	Prof – Epi/Biostatistics	CUNY – Hunter College	<a href="http://epimonitor.net/2012-1283.htm">http://epimonitor.net/2012-1283.htm</a>
Kentucky	Asst Professor	Univ Kentucky – Pub Health	<a href="http://epimonitor.net/2011-1277.htm">http://epimonitor.net/2011-1277.htm</a>
Tennessee	PT Faculty – Epi/Biostatistics	U Tenn – Health Sciences	btolley@uthsc.edu
Tennessee	Physician Researcher - TT	U Tenn – Health Sciences	ssatterfield@uthsc.edu
Pennsylvania	Asst / Assoc / Full Professor	Drexel University	alf13@drexel.edu
Minnesota	Faculty – Health Disparities Rsch	Mayo Clinic	warner.david@mayo.edu
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Ohio	Sr. Faculty – Epidemiology	Kent State University	mjames22@kent.edu
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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:

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Job ID: 5416

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- 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.



North American Association of  
Central Cancer Registries

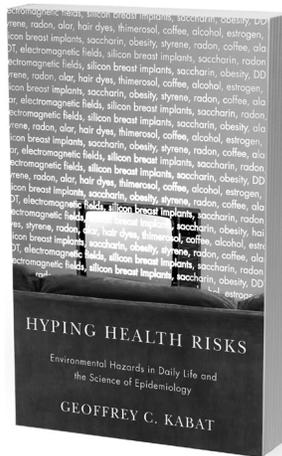
### Statistical Methods for Population-Based Cancer Survival Analysis Workshop June 1-3, 2012, Portland, Oregon

- Presented by international experts Paul Dickman and Paul Lambert
- Provides training and tools needed for cancer survival analysis using central registry data
- Covers central concepts including estimating and modeling relative survival and recent methodological developments including cure models, flexible parametric models, and estimation of crude probabilities of death
- Geared to data analysts, epidemiologists, biostatisticians, and others interested in learning about population-based survival analysis

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Department of Environmental  
and Occupational Health  
Drexel University School of Public Health

Assistant/Associate/Full Professor

Drexel University in Philadelphia, PA is recruiting for a University-funded position as an for a tenured or tenure track appointment (depending on qualifications).

Qualifications:

- ▶ Ability to develop research methods in exposure assessment and/or epidemiology
- ▶ Translate research findings in community-level interventions
- ▶ Experience working internationally on collaborative multi-center projects desirable
- ▶ Doctoral degree in relevant discipline and prior experience teaching & supervising graduate students

**Application reviews will begin April 1<sup>st</sup>** until the position is filled. Drexel, the only accredited School of Public Health in the region, is an Equal Opportunity Employer and welcomes all applicants.

Send a letter of interest and CV to:

Arthur L. Frank, MD, PhD  
Department of Environmental and Occupational Health  
Drexel University School of Public Health  
1505 Race Street, 13th Floor  
Philadelphia, PA 19102  
or via email  
[alf13@drexel.edu](mailto:alf13@drexel.edu)



## PROFESSOR AND DIRECTOR OF THE CENTER FOR HEALTH INFORMATION AND RESEARCH

Arizona State University seeks an energetic, creative, and self-motivated full-time tenure-track faculty member to fill the vacant position of Director of the Center for Health Information and Research (CHIR). The faculty appointment will be in a program/school appropriate to the candidate's field and at a rank equivalent with the candidate's level of experience and seniority.

The preferred start date is July 2012; Applications will be accepted until the position is filled.

For complete qualifications and application information see <http://chir.asu.edu>.

Arizona State University is an equal opportunity/affirmative action employer.



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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.sp.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.*



University of Kentucky  
College of Public Health  
Departments of Epidemiology  
& Health Behavior

## Assistant Professor – Non Tenure Track

The position is full-time, renewable annually. Teaching responsibilities will be primarily undergraduate courses with occasional graduate course in the Department of Epidemiology and the Department of Health Behavior. Responsibilities also include undergraduate curriculum development and service on Master's and doctoral capstone committees.

### Requirements

- PhD, DrPH, or ScD in epidemiology or health behavior
- MPH from an accredited school of public health or equivalent training
- Demonstrated capabilities in teaching both undergraduate and graduate courses
- Skill in course development
- Service to public health agencies at the local, state, and regional levels
- Ability to engage in administrative processes at an academic institution

Applicants should send a curriculum vitae, copy of a teaching portfolio, and contact information for three references to: Glyn G. Caldwell, MD, MS, University of Kentucky, College of Public Health, Department of Epidemiology, 111 Washington Avenue, Suite 213, Lexington KY 40536-0003. The review of applications begins March 1, 2012 and will continue until the position is filled.

The University of Kentucky is an AA/EOE Employer.



University of Tennessee  
Health Science Center  
Memphis, TN

## PHYSICIAN RESEARCHER - TENURE TRACK POSITION

The Department of Preventive Medicine at the University of Tennessee Health Science Center is seeking applications for a full-time faculty position at the Assistant Professor level.

If interested in applying for this position, please visit our website at:

<http://uthsc.edu/hr/employment>

## INSTRUCTOR / ASSISTANT PROFESSOR -PART TIME-

The Department of Preventive Medicine at the University of Tennessee Health Science Center is seeking applications for a part-time (50%) faculty position at the Instructor/Assistant Professor level.

If interested in applying for this position, please visit our website at:

<http://uthsc.edu/hr/employment>

## Opportunities This Month

- 13 - CUNY / Prof - Epi & Biostatistics
- 14 - NAACCR / Cancer Survival Workshop
- 14 - Kabat/ Hying Health Risks
- 14 - CDC / Epi-Info Software
- 14 - Drexel / Prof Environmental Health
- 15 - ASU / Dir Health Info Center
- 15 - UC Irvine / Assoc-Full Professor Epi
- 15 - UK / Asst Prof - Non TT
- 15 - UT / Multiple Positions
- 16 - Hopkins / Epi-Biostat Summer Program

Find more jobs & enhanced details on listed jobs at  
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#### TWO AND 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  
Conducting Epidemiological Research  
Perspectives on Management  
of Epidemiologic Studies  
Topics in Clinical Trials Management  
Comparative Effectiveness Research: Outcome  
Measurement  
Pharmacoepidemiology  
  
Biostatistics in Medical Product Regulation  
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  
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#### FOR INFORMATION, PLEASE CONTACT:

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410-955-7158  
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\*Course offerings and faculty are subject to change. Proficiency in English language is required.