



Epidemiology Included In New “Massive Open Online Courses” (MOOCs) Sponsored By MIT/Harvard’s EdX Platform

50,000 Students Sign Up Says Instructor

The Chronicle of Higher Education calls it MOOC Madness. Others call it MOOC Mania. But whatever the term, it seems clear that institutions of higher learning are rushing to participate in a new movement to offer online courses free of charge to anyone anywhere who wants to sign up with no questions asked.

Articles about the new movement have appeared in the Chronicle of

Higher Education in a special October report and in the New York Times Education Life supplement in early November. The Harvard School of Public Health is among the first to offer a combined biostatistics and epidemiology course through EdX entitled “Health in Numbers: Quantitative Methods in Clinical and Public Health Research”.

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National Research Council Issues Report On Using Science As Evidence In Public Policy

Report Finds Limited Success In Understanding Whether What Is Learned Is Actually Used

Says “Evidence-Influenced Politics” Is More Accurate Metaphor Than “Evidence-Based Policy”

Despite the much touted evidence-based policy and practice movement of recent years, a new National Research Council report reaches the striking conclusion that “studies of knowledge utilization have not advanced understanding of the use of evidence in the policy process

much beyond the decades-old National Research Council (1978) report.” That report, entitled “Knowledge and Policy: The Uncertain Connection” failed to find systematic evidence that social

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“our faculty have an almost evangelical belief that educating people about public health is a good thing”

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Hopkins MOOCs

And the Johns Hopkins Bloomberg School of Public Health is offering eight courses through Coursera, including one entitled “Mathematical Biostatistics Boot Camp”, and others including obesity economics, nutrition, primary health care, community change, and data analysis. Hopkins reports more than 175,000 students have enrolled in their courses in the past three months and claims it is “the largest online public health provider in the world.”

Why Free Courses?

Multiple questions are being asked about why institutions of higher learning are rushing to offer their content free of charge to persons off campus when campus students are paying tuition for similar content. Hopkins Dean Michael Klug attempted to answer this question in a letter to alumni. “Why give it away free?” Klug asks. He says that “our faculty have an almost evangelical belief that educating people about public health is a good thing, that the more people who understand the principles of prevention and population health, the better the world will be...We can reach more people, more quickly with our lifesaving knowledge. And that is well worth the cost of giving it away for free.”

Concerns With MOOCs

But concerns about the new technologies involve not only money. They include issues about providing credit for the coursework,

cheating, grading large numbers of students, and finding ways to interact productively when thousands are involved. In an interesting article in the report by the Chronicle of Higher Education entitled Online Learning, Glenna Hartz, a professor of philosophy at Ohio State University describes why he changed his mind about teaching online.

Good News

According to Hartz the culture has changed drastically and electronic media have become the standard way of communicating, online courses offer the students a convenience that live courses do not, there are financial savings, cheating can be avoided, students do about the same level of work as in live courses, student contact is not eliminated, and a synergy can develop between the online and traditional versions of the same course. Asks Hartz, “So, do I like online courses? My answer is that it doesn’t matter. The students like them, and we have to adjust to their demands...I now think the university will survive, but it will be in a different form.”

Harvard Epi Teacher

In an interview with the Epidemiology Monitor, Harvard’s Professor of Epidemiology Earl Francis Cook who is teaching the epidemiology component of Harvard’s Health in Numbers course said that teaching the new course is “a lot of work but also a lot of fun.” He attributed the fun part

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Interest In Public Health Education Is At A Record High Level With 50 Accredited Schools And Applicants Increasing 10% Every Year

Proportion Of Graduate Students Focusing On Epidemiology Remains Stable At About 20%

It seems that almost every month we read about the creation of a new school of public health or about plans to establish such a school in yet another jurisdiction. The number of accredited schools of public health has exploded from 32 at the beginning of this century to a total of 50 today. To better understand this phenomenon and its relationship to epidemiology, we contacted [Allison Foster](#) and her colleagues with the Association of Schools of Public Health. Below are the responses we obtained from the interview questions we posed:

Epi Monitor: The number of new schools accredited has increased from an average of five to six in the three decades between 1970-1999 to 13 schools in the subsequent decade, 2000-09. So far, the rate of new approvals since 2010 is on a pace to surpass the previous decade. Why the big increase?

Foster: The growing number of schools of public health is due, in great part, to increasing student interest in population health and wellness, not just at the graduate level, but down into undergraduate and even in high schools. Many university leaders and state governing bodies also see the establishment of schools of public health as a way to improve their constituent's health, from the new knowledge stemming from research to providing training to the public health workforce in their city, town, state, and region. Lastly, there has been a general

trend of professionalizing the public sector workforce by requiring a master's-level degree for advancement in the field, and in some cases for entry into the profession. A general undergraduate degree is often limiting when entering the increasing complex and ever-growing health sector.

Epi Monitor: What has happened to the number of applicants for schools of public health over similar time periods? Has there been an increase in applicants to match the increase in the number of accredited schools?

Foster: Applications at schools of public health have increased by an average of nearly 10% each year over the past decade. At this point, we would say the increase in applications has at least kept up with the increase in CEPH-accredited schools. It should be noted, however, that number of applications is different than numbers of applicants. The development of [the SOPHAS common application system](#) has made it easier for students to apply to multiple schools. By any standard, however, there has been an increase in the number of students applying for and enrolling in graduate programs at accredited schools of public health.

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"The number of accredited schools of public health has exploded"

"The growing number of schools of public health is due, in great part, to increasing student interest in population health and wellness"

science evidence was being used. The findings from both reports are bleak and apply to all the sciences says the NRC since knowledge from all sciences is potentially relevant to policy choices.

According to the NRC, the political and value considerations that enter into the policy making process have been seen as outside the scope of science. It added, "understanding whether, why, and how...scientific knowledge is used...is uniquely suited to the methods and theories of the social sciences. Making 'use' of scientific knowledge is what people and organizations do. And what people and organizations do is the focus of social science."

"use of science as evidence can never be a purely "scientific" matter"

2012 Report

According to the latest report, scientists have attempted to improve or better understand the use of science in policy making in two ways – either by strengthening the scientific evidence itself or by studying the process in a scientific specialty called knowledge utilization. According to the committee, "...the inevitable indeterminacy and context specific nature of use prevents these two efforts from providing a fully satisfactory understanding of the use of science or a satisfactory guide on how to strengthen that use in policy making."

New Approach

To make better progress, the committee constructed a new framework for thinking about the policy process and for conducting further research which builds into the model recent developments in social science, the role of values, and political considerations.

"the report takes a less pessimistic view of the endeavor to understand and improve use than do other observers"

Reasons for Failure

In the process of describing some of the reasons for failure, the report noted that one of the reasons has to do with the limited way in which scientists may think about the process of policy making. According to the NRC, "some mixture of politics, values, and science will be present in any but the most trivial of policy choices. It follows that use of science as evidence can never be a purely "scientific" matter; and it follows that investigating use cannot exclusively focus on the methods and organizational settings of knowledge production or on whether research findings are clearly communicated and how".

New Insights

In the process of achieving its mandate the NRC Committee provides several important insights about science, the policy process, and the intersection of the two domains. Furthermore, the report takes a less pessimistic view of the endeavor to understand and improve use than do other observers who have concluded that "...externally valid evidence pertaining to the efficacy of specific knowledge exchange strategies is unlikely to be forthcoming." To the contrary, the NRC report describes

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Epi Monitor: Has the number of employment opportunities kept pace with the number of graduates or is there a surplus of MPH graduates now?

Foster: ASPH would like to have more robust data on employment of our graduates. Anecdotally, schools report a very healthy market for new graduates but such data has not been collected at a national scale. This is an issue which ASPH hopes to address in the near future. We do know more definitely that recent graduates have found a very receptive job market compared with many other fields.

According to our most recent survey of calendar year 2011 graduates of ASPH member schools, 53 percent had jobs at the time of their graduation and 85 percent were employed within four months.

Epi Monitor: Has any public health discipline attracted more of the new students in the new schools than before the increase of the last few years? I am wondering if epidemiology fits this bill.

Foster: The proportion of applicants per area of study has remained relatively stable over the past decade. In 2000, 19% of applications were for epidemiology. The percentage in

2010 was 18%. Environmental health and health education are also very popular majors at our schools. For the future, we anticipate that there could be less attention on the specific discipline and an increased emphasis on cross-cutting knowledge, skills, and attitudes in such areas as systems thinking, innovation, the evidence base for public health interventions, and multidisciplinary approaches to problem-solving. See an interview from earlier this year by the president and CEO of the Association of Schools of Public Health (ASPH) on this topic ([here](#)).

Epi Monitor: What are you identifying as some of the more interesting or significant new developments in public health education now?

Foster: The increase in undergraduate public health programs is changing the landscape of public health education. There are hundreds of colleges and universities offering majors and minors in public health which will impact the professional perspective of these students, no matter if they continue on in graduate school in public health, continue on to study another health career or simply enter the workforce. ■

“we anticipate that there could be less attention on the specific discipline”

“The increase in undergraduate public health programs is changing the landscape of public health education.”

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to learning to teach in a new style, for example, in a series of modules ranging in length from as short as two minutes to as long as 15 minutes and then pausing for students to work through assigned problems.

Cook has four teaching assistants that work with the two principal instructors to monitor the chat rooms where lively discussion takes place. He called the rooms “very interactive” and said that sometimes the students help one another in

finding answers to their questions. He checks in on the chat rooms a few times each day, he told the Monitor.

Readers interested in checking out the courses offered on the EdX or Coursera websites can go to www.edx.com or www.coursera.org

The key features of each of the three largest sites offering MOOCs and student views about these courses are highlighted in the two following articles.

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Key Features of Three Major Providers of MOOCs

The New York Times compiled a short list of the main features of the three largest providers of massive open online courses (MOOC’s). Selected excerpts from this list are reproduced below. For an interesting history of the recent developments related to these MOOC’s see the NY Times story of November 14 entitled College of Future Could Be Come One, Come All <http://tinyurl.com/cnmjopx>

Features	Coursera	EdX	Udacity
Profile	For profit with Stanford roots; 33 university partners including many Ivy League schools	Non-profit run out of MIT and Harvard; with Berkeley and the University of Texas	For profit with Stanford roots but no university affiliation
Courses	197 in 18 subjects	8 in chemistry, computer science, electronics, public health; plans for 20-30 in the spring	18 in computer science, math, physics, and business
Credit	Some instructors offer signed certificates of completion but not from the university	Two certificates available – one designating an honor code, one a proctored exam. Both bear the edX and campus name, e.g., MITx	Certificates according to academic performance, some transfer of credit, free job-matching program

Washington Post Article Shares Student Views on MOOCs

A Washington Post writer [Nick Anderson](#) has queried students taking the biostatistics MOOC at Johns Hopkins to get student views about MOOC's. The queries were posted in the online discussion forum for the course. Below is an excerpt from one of the student responses. For others, visit:

<http://tinyurl.com/cnmjopx>

"One major aspect of this learning experience that I prefer over university style learning is that you can watch the videos on your own time, when you feel most

mentally ready/on/etc. So I can watch and learn when I decide to and how much I decide to. This is great for someone like me who is most on late in the evening -- not to mention being bound by a full-time job anyway. And there's a rewind button here :) So I can really personalize the pacing of everything. Another obvious plus: only picking/taking courses you're interested in. This alone can transform any experience for the better, and so far my personal performance proves it."--Victoria Vassileva, 23, born in Bulgaria, lives in Texas. ■

"there is no generally accepted explanatory model of policymaking"

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an alternate way to frame the issue and perhaps make more headway than has been made in the past.

Challenges To Learning More

Among the challenges in addressing whether, why, and how science is used in policy are the different perspectives of the disciplines and investigators who study the interface of science and policy making. This variability leads to difficulties in defining the phenomena of policy making and use and to different framings of the issue, according to the Committee.

Poor Models

Also, there is no generally accepted explanatory model of policymaking, but instead several different kinds of models, including descriptive, rational, and political models. After

considering all of these approaches, the NRC committee concluded "...it is clear that the various models and frameworks do not coalesce into anything remotely resembling a powerfully predictive, coherent theory of policy making..." And the committee adds, "This conclusion is consistent with the fact that policy choices are context dependent."

Two Communities Metaphor

One popular concept for addressing the intersection of science and policy has been the "two communities" metaphor which posits that scientists and policy makers constitute two separate groups of actors with separate purposes, cultures and values. According to the report, "differences between the two communities are associated with a contrasting list of supply-side and demand-side problems."

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"the various models and frameworks do not coalesce into anything remotely resembling a powerfully predictive, coherent theory of policy making"

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“Interaction models appear to have considerable promise”

It notes that this framing of the use problem “offers little guidance as to which of the long list of factors, from either side, best explains variance in use, let alone how the factors interact and whether they apply only in specific settings or have general applicability.”

Interaction Model

Among the strategies used by investigators seeking to bridge the gap between the two communities are different communication strategies and different researcher-user collaborations. These strategies are known as translation, brokering, and interaction. In explaining each of these, the committee notes that the interaction model goes beyond transfer, diffusion, and dissemination and even beyond translation and brokering. The interaction label covers a family of ideas directed to systemic changes in the means and opportunities for relationships between researchers and policy makers. Interaction models appear to have considerable promise and the committee quotes one observer who believes they are the “most likely” models to help us understand how research actually gets used.

Committee Recommendations

In addition, the NRC committee offered its own views about how progress could be made in this area. These include a reframing of the problem from how to increase the use of science to one of how to help improve the process of policy making. The committee speculates

that perhaps an excessive focus on the first formulation has distracted scientists from focusing on the second. Anchoring its view of the problem from the perspective of the policy maker, the committee offers its own framework as follows:

New Framework

“Our proposed research framework is based on a view of policy makers engaged in an interactive, social process that assembles, interprets, and argues over science and whether it is relevant to the policy choice at hand, and if so, using that science as evidence supporting their policy arguments. Policy argument as a form of situated, practical reasoning directly leads to a concern with how evidence, in the specific way now defined, is *used* rather than how it is *produced*.”

The committee’s recommendations are all about paying more attention to what happens during actual policy arguments when science presumably has the opportunity to make a difference. The recommendations fall into three categories.

Three Pronged Approach

As a necessary first step, it calls for paying more attention to investigating what constitutes valid arguments from the policymakers’ perspective and from that of the persons they need to persuade. Second, the committee calls for better understanding of the decision process itself, particularly in light of what is being learned about the

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“The committee’s recommendations are all about paying more attention to what happens during actual policy arguments”

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psychological processes in decision-making.

Systems Perspective

Perhaps the centerpiece of the NRC report's contribution is the call for the use of a systems perspective to investigate the use of science in policymaking. It describes such an approach as one of "...an iterative learning process in which we replace a reductionist, narrow, short-run, static view of the world with a holistic, broad, long-term dynamic view, reinventing our policies and

institutions accordingly. Such an approach has already been showcased at an NIH symposium on childhood obesity.
<http://tinyurl.com/c8h9z18>

New Metaphor

Because evidence does not reside only in the world where science is produced but rather emerges in the world of policy making where the committee says it is interpreted, made sense of, and used, then *evidence-influenced politics* is potentially a more informative metaphor than *evidence-based policy*. ■

"we replace a reductionist, narrow, short-run, static view of the world"

Epi In The News

Epidemiologists Speak Out About The Challenge Of False Positives in Cancer Epidemiology

Criticize How Risk Is Assessed By Working Groups Of The International Agency for Research on Cancer

A recent article in Forbes magazine entitled "How Activism Distorts The Assessment of Health Risks" by Geoffrey Kabat and an online article in Cancer Epidemiology Biomarkers and Prevention on November 1, 2012 entitled "False Positives In Cancer Epidemiology" by Joseph McLaughlin and Robert Tarone raise concern about the frequency of false positive studies in cancer epidemiology and about the process used by The International Agency for Research On Cancer (IARC) to assess and report on cancer risk.

Why the concern?

According to Kabat, the IARC classification scheme for carcinogens relies too heavily on positive

epidemiologic studies for evidence, uses a consensus process for its advisory committees which are subject to being influenced by advocates and biased investigators, and tilts too heavily in favor of the precautionary principle. All these elements add up, according to Kabat, to "contamination of science-based risk assessment..."

He wants all persons with an agenda or those who believe in advance of the assessment process that a risk exists to be barred from assessment process. In short, he calls in the Forbes piece for a firewall to be set up between the work of advocates and the work of the science assessors.

"he calls in the Forbes piece for a firewall to be set up"

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“get the science right and do the right science”

“the IARC classification scheme and decision- making process are conducive to bias”

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This stance appears to be at variance with the recommendation of the National Research Council (NRC) which in its advice on risk assessment (in the book “Understanding Risk”) has called for an iterative process between risk assessors and risk managers to both get the science right and do the right science.

When asked to elaborate further on his stance, Kabat told The Epidemiology Monitor “Whatever one's (NRC's) philosophy of assessing risk, when one looks at specific risk assessments and finds that they are flawed and do not fulfill the task of bringing a critical perspective to evaluating the available studies on the topic, then I believe there is a problem. Of course, I wasn't able to go into detail about the specific flaws, [in the Forbes article] but more detail is provided in the 3 or so papers by Boffetta, McLaughlin, et al. [see below]. Other examples are provided in the 4 detailed case studies in my book. [Hyping Health Risks]

In addition, I make the point that the IARC classification scheme and decision- making process are conducive to bias. This is not a matter, I believe, of philosophy. We teach graduate students (and med students) how to critically evaluate epidemiologic studies, going through bias, confounding, chance, subgroups, exposure measurement, model specification, etc. When you read the assessments of the agents mentioned in the Forbes piece, you see that this is not the kind of thorough-going, rigorous, and -- yes

-logical evaluation that was carried out.”

McLaughlin and Tarone are also critical of the reliance on positive epidemiologic studies to help classify carcinogens as well as other elements of the IARC process and conclude, “Ignoring the difficulties caused by false positives, working group composition and dynamics, and various factors affecting decision making, including the fundamental scientific conflict of interest posed by researchers evaluating the soundness and importance of their own work, will continue to undermine the scientific value of the IARC Monographs Programme.” They cite particular difficulties with the IARC classifications of caprolactam, coffee, cell phone exposure, and formaldehyde.

To access these articles in Forbes and in the journal, visit:

<http://tinyurl.com/cyby57y>

<http://tinyurl.com/c2uelrj> ■

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Clinician And Epidemiologist Are Praised For Alertness and Shoe-Leather Detective Work In Finding Cause Of Fungal Meningitis Outbreak

The recent meningitis outbreak in the US was quickly linked to a fungal infection caused by steroid injections from a Massachusetts compounding pharmacy, and the focus of the investigations has focused on what breakdown in procedures led to the contamination. What has received less publicity is just how the mystery was solved in the first place.

According to recent media accounts by ABC News and others, the credit for cracking the case goes to April Pettit, an infectious disease clinician at Vanderbilt University Hospital and Marion Kainer, a former Epidemic Intelligence Service officer at CDC and now Tennessee State Health Department epidemiologist working on health-care associated infections. According to media accounts, Pettit was astute and ordered the right laboratory tests when a patient she had treated for bacterial meningitis appeared to relapse and returned to the hospital. Also, when the lab results indicated a rare fungal infection, Pettit interviewed the family and elicited a history of a recent spinal steroid injection. At that point, she recognized the potential public health implications of the situation and acted responsibly to quickly report the case to the Health Department.

That report came to Kainer who did active casefinding. CDC did not know of other cases but two more Nashville meningitis cases from the same clinic with a history of steroid injections turned up. At that point, interest in

the mystery quickened and deepened around questions about the source of the fungus – in the clinic environment, in the steroid material itself, or in the needles used to give the injections. When it was learned that one of the sources of the steroid material was a compounding pharmacy in Massachusetts, Kainer's index of suspicion went up since compounding pharmacies have been previously associated with outbreaks of various kinds.

As additional cases rolled in, more casefinding efforts were carried out statewide and specific followup efforts were begun for the more than 150 patients who have been treated at the Nashville clinic. When the compounding pharmacy suddenly recalled three lots of the steroid, CDC put out a national health alert. This turned up a probable case in North Carolina and this person also had an injection from the drug in one of the recalled lots. Also, the Tennessee follow up data showed a dose-response effect because patients who received a larger dose were more likely to get ill.

Investigations have turned up other cases and a death that occurred prior to the case in Tennessee but these went unreported. The team in Tennessee is credited with the right thinking and the right actions needed to solve the mystery. Their quick work is credited with saving lives because further delay would have meant delays in treatment for many exposed persons. ■

“she recognized the potential public health implications of the situation”

“The team in Tennessee is credited with the right thinking and the right actions”

People In The News

“Sue is to injury prevention what Einstein was to theoretical physics.”

Profiled: Susan Baker, Johns Hopkins University epidemiologist, in the New York Times Sunday magazine on October 28, for her work in injury prevention. An injury prevention leader told the Times, “Sue is to injury prevention what Einstein was to theoretical physics. There were people before them, some remarkable people, but these two changed everything.” Baker is quoted on the School’s website saying “When I started, injury was not an area that most public health researchers were concerned with. I was appalled at the number of preventable deaths I saw during my time in the medical examiner’s office, and tried to do something about it. I have not stopped.

Honored: Richard Hamman, Colorado School of Public Health epidemiologist, as Distinguished Professor, the most prestigious honor for faculty at the University. Hamman is a chronic disease epidemiologist who has worked on diabetes epidemiology. He helped create the Colorado School of Public Health and served as its founding dean for four years beginning in 2007.

Honored: Tim Byers, Colorado School of Public Health epidemiologist, with the St George National Award from the American Cancer Society. The award is for outstanding service to the community in support of the Society’s mission to combat cancer. Said Byers, “When I think about how much there is yet to do in

the fight against cancer, the St George award humbles me and motivates me to redouble my own efforts.”

Awarded: to David Dowdy, Assistant Professor in the Department of Epidemiology, the B. Frank and Kathleen Polk Associate Professorship to support junior faculty who show great potential for future contributions to public health. David Celentano, Chairman of the Epidemiology Department, called Dowdy a “rising star” in the infectious disease community.

Appointed: James “Jim” Thomas, associate professor of epidemiology at UNC, as the new Director of MEASURE Evaluation, a multi-million dollar project to enable improved decision making in public health. It seeks to do this by building country information systems, training public health workers, creating new evaluation tools, and helping set international health agendas. Says Thomas, “I cannot imagine a more exciting and fulfilling place to be in public health...MEASURE Evaluation is based on the idea that better public health information leads to better decision making about resources. That leads in turn to better programs and better public health.” ■

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The University of North Carolina at Chapel Hill
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Applications are due February 1, 2013. Interviews begin March 1, 2013. Fellowships begin in summer 2013. For more information on the Cancer Care Quality Training or the program application package, visit: <http://www.sph.unc.edu/hpm/ccqtp>.

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Indiana	Chair – Dept of Environmental Hlth	IU – School of Health	clirot@indiana.edu
Pennsylvania	TS – Asst / Assoc Professor	Univ. of Pittsburgh	http://www.epimonitor.net/2012-1380.htm
Texas	TT Asst Prof – Women’s Health	UTMB	abberens@utmb.edu
Wisconsin	Multiple Faculty Positions (10)	Univ of Milwaukee	http://www.epimonitor.net/2012-1386.htm
Maryland	Research Associate	International Epidemiology Inst	Mike@iei.us
Texas	Program Specialist VI	Texas Cancer Registry	Carrie.Perkins@dshs.state.tx.us
Australia	Prof. of Medicines & Outcomes	University of Sydney	keryn.butler@sydney.edu.au
Texas	Epidemiologist	TX Dept of State Health Svc	Sandy.schroder@dshs.state.tx.us
NY	Open Rank Professor	SUNY - Albany	llawrence2@albany.edu
Arizona	Epi & Data Svc Manager	Maricopa County Public Health	clesma@mail.maricopa.gov
Texas	Assoc / Full Prof - Biostatistics	UTMB	awoods@utmb.edu
South Africa	Senior Researcher Epidemiology	Health Econ & Research Office	vacancy@heroza.org
WA	Multiple Faculty Positions	Univ of WA - SPH	livind@u.washington.edu
MN	Researcher- Epidemiologist-12248	Medica Research Institute	mina.ozturk@medica.com

For full details on these and other job openings: <http://epimonitor.net/JobBank.htm>



Program Manager, Data Use and Research

The North American Association of Central Cancer Registries (NAACCR) is looking for a dynamic professional to serve as the Program Manager for data evaluation, data use, and research activities. This individual will work with NAACCR committees to define and implement the NAACCR research program, and promote research in cancer surveillance throughout North America. Responsibilities include: - Provide leadership to NAACCR committees, work groups, and special studies in the development, implementation, and interpretation of cancer surveillance data - Promote the use of cancer surveillance data by researchers, policy makers, and analysts - Use cancer surveillance data for research that addresses topics of national/international importance - Technical and administrative responsibility for data evaluation, research, surveillance, and publication activities of NAACCR - Conduct research and publish results in scientific, peer-reviewed journals - Collaborate on special studies using multi-registry data.

Qualifications: Masters or doctoral degree in public health, cancer surveillance, biostatistics, cancer epidemiology, or related field. Experience in cancer research, cancer surveillance, population-based cancer registry is desired. Knowledge of sound research methods, statistical analysis, and cancer statistics is required. Excellent salary and benefit package available. Ability to work remotely or telecommute. Some travel is expected. Please send CV to info@naaccr.org by December 1, 2012. www.naacccr.org



SCHOOL OF PUBLIC HEALTH

Department of Epidemiology and Biostatistics

The Department of Epidemiology and Biostatistics is seeking an Assistant Professor (tenure-track) position in Epidemiology in our School of Public Health. The Department's mission is to improve health and reduce health disparities in local communities, the state of Maryland, and the nation. We accomplish this by using established epidemiological and quantitative methods, as well as developing new scientifically grounded approaches, that are applied predominately to identifying determinants of health and discovering and evaluating primary and secondary prevention strategies for chronic diseases. We offer the MPH degree in the concentrations of Epidemiology and Biostatistics and a PhD in Epidemiology. The position represents a unique opportunity to join a growing department and make important contributions to an exciting research agenda and graduate student training program. Research areas of particular interest to the department include, but are not limited to, social and behavioral factors in health and epidemiology of chronic diseases (e.g. asthma, cardiovascular disease, cancer and diabetes), infectious diseases, and obesity. Special emphasis on health disparities, disease prevention, nutrition, and health promotion is desirable. This is a 12-month tenure-track appointment with up to 75% state funding. Salary is competitive and commensurate with qualifications and experience. Appointments may begin as early as August 2013. The University of Maryland is an equal opportunity and affirmative action employer. Review of applications will begin December 15, 2012 and continue until the position is filled. For more application information go to: <https://jobs.umd.edu> specifying faculty position 118647.

Training Courses for Public Health Professionals Cospponsored by Emory University (RSPH) and The Centers for Disease Control & Prevention (CDC) (Atlanta, Georgia) Directed by Philip S. Brachman, M.D.

Environmental Microbiology: Control of Foodborne and Waterborne Diseases *January 7 - 12, 2013*

This is a course on the surveillance of foodborne and waterborne diseases designed for professionals interested in the safety of food and water. The course describes how surveillance is used to improve public health policy and practice in ways that contribute to the safety of our food and water. We focus on the microorganisms and chemical agents responsible for food and water-transmitted diseases. We study the diseases they cause, the pathogenesis, clinical manifestations, reservoirs, modes of transmission, and epidemiology. The transport, survival, and fate of pathogens in the environment, the concept of indicator organisms as surrogates for pathogens, and the removal and inactivation of pathogens and indicators by water and wastewater treatment processes will be analyzed.

Public Health Surveillance *May 6 - 10, 2013*

This course is a comprehensive study on public health surveillance and includes discussions of the history and planning considerations, data sources and collection, analysis and interpretation, communication, evaluation, ethical and legal issues, state and local issues, and issues in developing countries as concerns public health surveillance.

Epidemiology in Action *June 3 - 14, 2013*

This basic two-week course in epidemiology is directed at public health professionals and includes discussions of applied epidemiology and biostatistics, public health surveillance, field investigations, hands-on computer training using Epi-Info, and selected prevalent diseases. Epidemiologic case studies are worked on in the classroom.

Contact person: Pia Valeriano, MBA

Phone: (404)727-3485; Fax: (404)727-4590; Email: pvaleri@emory.edu

Website: <http://www.sph.emory.edu/EPICOURSES>



Epidemiologist 2

Division: Division of Disease Control and Health Statistics, Center for Health Statistics

Closes: Open until filled - Applicant review begins October 29, 2012

Required Qualifications: Master's degree (or higher) in epidemiology or related field, two or more years' experience in complex survey design and using SAS statistical software.

Primary Duties: The person in this position will independently conduct epidemiological data management and analyses. Data system responsibility involves primarily the Behavioral Risk Factor Surveillance System (BRFSS) and the hospital in-patient discharge data system. Duties also include probabilistic data linkage, producing large data files for distribution, and require good communication skills in order to provide technical assistance to data users and other partners. For full job description, please visit:

<http://tinyurl.com/ch6u89b>

Opportunities This Month

- 14 - UNV-Reno / Asst Professor
- 14 - UNC / Post-Doc Cancer Care Quality
- 15 - NAACCR / Program Manager
- 15 - Univ MD / Asst Professor
- 15 - WA-DOH / Epidemiologist 2
- 18 - Emory / Training Classes - Epi
- 16 - IUPUI / Open Rank Faculty
- 16 - PENN/ Asst-Assoc Professor

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www.epiMonitor.net/JobBank.htm

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Open Rank Faculty

Richard M. Fairbanks School of Public Health

Join the faculty of the new Indiana University Richard M. Fairbanks School of Public Health at Indiana University - Purdue University Indianapolis (IUPUI). The IUPUI Campus is the focal point of health professions education at Indiana University. The School of Public Health has strong linkages with the School of Medicine and other academic and research units on campus that contribute to successful collaboration in research and service activities.

The IU Richard M. Fairbanks School of Public Health is recruiting highly motivated environmental health scientists and epidemiologists to teach public health courses, advise students, conduct research and engage in professional service. The faculty rank for these positions is open and will be determined based on the qualifications and experience of the successful candidates. For more information about our positions and our School and Departments, please visit our website at <http://tinyurl.com/cqdybhd>

IUPUI is an Affirmative Action/Equal Opportunity Institution M/F/D.

BOTSWANA-UPenn Partnership Program Epidemiology Research Faculty



The Division of Infectious Diseases in the Department of Medicine at the Perelman School of Medicine at the University of Pennsylvania seeks candidates for an Assistant or Associate Professor position in the non-tenure research track. Rank will be commensurate with experience. Applicants must have a Ph.D. degree and have demonstrated excellent qualifications in research.

The successful applicant will have experience in the field of Epidemiology. Applicants must have a Ph.D. degree and have demonstrated excellent qualifications in and commitment to research. Research track faculty typically work on extramurally-funded research within the research group led by a tenured faculty member. We are seeking individuals with a strong background in Global Health based research. All of the research will be centered in Botswana and requires frequent travel to Africa for a two- to three-week period every four to six months and/or taking up residence in-country. Independent research funding is desired; funding is not expected for a start-up assistant professor. Candidate(s) will be responsible for spending 50% of time on ongoing projects with faculty in Botswana and 50% of their time on their own independent research. We seek candidates who embrace and reflect diversity in the broadest sense. The University of Pennsylvania is an equal opportunity, affirmative action employer. Apply for this position online at:

<http://tinyurl.com/b2cfsqf>