



New Prostate Cancer Screening Recommendations Highlight Tensions Between Medical Care and Public Health And Expose Dilemmas for Patients

The United States Preventive Services Task Force (USPSTF) issued draft recommendations in October 2011 counseling against prostate-specific antigen (PSA) based screening for prostate cancer. In its overall conclusion, the Task Force stated “the mortality benefits of PSA based prostate cancer screening through 10 years are small to none, while the harms are moderate to substantial. Therefore, the USPSTF concludes with moderate certainty that PSA based screening for prostate cancer, as currently utilized and studied in randomized, controlled trials, has no net benefit.”

This is a striking recommendation in light of the fact that millions of men are being screened every year and going on to obtain biopsies and treatments with non-trivial side effects. This point has been made by the discoverer of the test Richard Ablin, who described it last year in the New York Times as “a profit-driven public health disaster.”

Controversy

The draft recommendation immediately caused a controversy as members of the
-Prostate, continues on page 2

Hans Rosling, Popularizer Of Global Statistics, Gives 2011 Pumphandle Lecture At The John Snow Society

Provocative Title Is “Epidemiology for the Bottom Billion – Where There Is Not Even a Pumphandle To Remove”

Calling data “the oxygen of science”, Hans Rosling, professor of international health at the Karolinska Institute, entertained and informed attendees at the 2011 Pumphandle Lecture of the John Snow Society with his energetic and humorous presentation style and unique graphs

of data points moving across time.

Source of Concern

After returning to Sweden following a stint in Mozambique early in his

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October
2011

Volume
Thirty Two

Number
Ten

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The Epidemiology Monitor
ISSN (0744-0898) is published monthly (except August) by Roger Bernier, Ph.D., MPH at 2560 Whisper Wind Court, Roswell, GA 30076, USA.
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task force defended their conclusion while patients and clinicians involved in treating patients voiced strong disagreement. In some cases, the disagreements could not have been starker.

Virginia Moyer, the chairwoman of the Task Force, told the NY Times “Unfortunately, the evidence now shows that this test does not save men’s lives.” Also, she told the Times, “the Task Force’s recommendation against PSA testing theoretically is a no-brainer. It’s obvious.”

Contrast this conclusion with that of Dr Eric Klein of the Cleveland Clinic who told the same newspaper “I think there’s a substantial amount of evidence from randomized clinical trials that show that among younger men, under 65, screening saves lives.” According to the Times, thousands of men believe a PSA test saved their lives.

The Evidence

The Task Force relied on several streams of evidence including two meta-analyses which found no statistically significant reduction in prostate cancer deaths or in overall mortality. When considering that screening leads many men to choose treatments with significant harms in terms of incontinence and impotence, the Task Force concluded “...that the harms of PSA based screening for prostate cancer outweigh the benefits.”

Mammography

This is reminiscent of the controversy surrounding the Task Force’s recommendation on mammography screening for women in the 40-49 age group. However, in that scenario, even though the Task Force acknowledged that screening would save lives, it judged on balance that the benefit did not outweigh the harm. It refrained from recommending routine screening on a population basis and advised women to consult with their physicians. Women who believed they were among those whose lives were saved disagreed on the importance of routine screening.

With these prostate cancer screening guidelines, there is no recognized benefit in terms of lives saved. The thousands of men who believe their lives have been saved cannot find support for their belief in the guidelines.

Grade D Recommendation

The USPSTF gave its prostate recommendation a grade D, meaning there is a moderate or high certainty that the service has no real net benefit or that the harms outweigh the benefits. It discourages the use of this service. This contrasts with the grade C recommendation it gave mammography screening last year because there was at least moderate certainty that the net benefit is small. It recommended the use of the service only if other considerations support offering or providing the

-Prostate continues on page 4

New Canadian Institutes Of Health Research Initiative On Citizen Engagement Underway

International Review Panel Encourages Agency To Increase Engagement With Citizens Even Further

A handout placed on a table with other flyers at the recent Congress of Epidemiology in Montreal last summer has provided a lead to an interesting new initiative underway at the Canadian Institutes for Health Research (CIHR).

The Canadian research funding agency appears to be in the forefront among science agencies in recognizing the potential importance of having citizens participate in its research processes. The agency is on the record stating that "CIHR values the engagement of citizens in governance, research priority setting, developing its strategic plans and strategic directions and as an effective means of improving the relevance and translation of research into practice and policy. Ultimately, this will contribute to improving citizens' quality of life, more effective health services and products, and a strengthened Canadian health care system."

Resources

In addition to the values statement, CIHR has prepared a brief Framework on citizen engagement which includes a definition, a typology, and guiding principles. Also, a Citizen Engagement Handbook provides a matrix of approaches that can be implemented and a decision tree model which gives a checklist of questions that should be answered in planning any citizen engagement activity.

Key questions that should be asked revolve around the purpose of the public engagement, at what stage in the decision lifecycle scientists are expecting citizens to consult, what type of contributions scientists are expecting from citizens, and what type of interaction with citizens is desired.

Booklet

The agency's most recent contribution of useful resources for public engagement is a booklet for citizens entitled "Health Research in Canada and You". According to Kathryn Andrews-Clay, Director of Partnerships and Citizen Engagement Branch in the CIHR Knowledge Translation and Public Outreach Division, the 20+ page booklet was prepared in response to public demand. It describes CIHR structure, programs, and processes in clear language for laypersons and it presents a strong invitation for citizens to get involved to help make decisions throughout the research process. In a chapter entitled "How We Can Work Together" CIHR defines citizen engagement (meaningful involvement in decision work), why it is important (it makes research relevant, accountable, and transparent), and how to do it (serve on committees, help in planning, pick priorities, determine what is relevant, and help disseminate research findings).

"The Canadian research funding agency appears to be in the forefront among science agencies "

"The agency's most recent contribution of useful resources for public engagement is a booklet for citizens"

service in an individual patient. For prostate cancer no such other considerations were seriously mentioned.

The review of the evidence commissioned by the USPSTF found small to no reduction in prostate cancer specific mortality after about 10 years in randomized trials of treatment either with surgery or radiation. However, all the cohort studies of treatment consistently found that surgery and radiation decreased all cause and prostate specific mortality compared to watchful waiting. These results do not appear to have influenced the USPSTF because, as stated in the review, the "estimates are susceptible to residual confounding, even after statistical adjustment."

Paradox

The failure to find a clear benefit from screening is surprising and even seems paradoxical. If treatment for prostate cancer saves the lives of some men with the disease, as found in one trial for men younger than 65 and in the cohort studies, and if screening uncovers more men with such curable disease, then it should follow that screening contributes to saving lives.

One possible explanation is that there are only two kinds of prostate cancer - the kind that will not kill you before the end of your natural lifetime, and the kind that will kill you irrespective of treatment. If these are the only two kinds of disease, screening could not save lives but treatment could only harm them.

On the other hand, if there is a third type of disease, a form curable with proper treatment, then any procedure which detects this curable disease should theoretically benefit the men who are treated, and their increased survivability should be reflected in the overall death rates or especially in the prostate-specific death rates reported in the studies. Failure to find this increased survivability could be explained if the number of men with curable disease is too small to produce a detectable difference in the studies carried out, or if the treatments received were not effective ones.

If so, men with PSA detected cancer after screening face a difficult dilemma as they are left to wonder whether or not they are in that small subset who can stand to benefit or if they are in the larger subset unlikely to experience a survival benefit. From a public health perspective, the harms outweigh the benefits as the Task Force concluded, however, from an individual perspective, the chance of being in a group with a cancer that can be helped might be enough to choose treatment.

Individual Perspectives

The Task Force recognized that from an individual perspective, a man might place a higher value on the small possibility of benefit than on the harms that studies have documented are likely to occur. It said, "An individual man may choose to be screened because he places a higher value on the possibility of benefit, however small,

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"One possible explanation is that there are only two kinds of prostate cancer "

"men with PSA detected cancer after screening face a difficult dilemma"

City and County Health Organization Undertakes Project To Enhance Epidemiology and Surveillance Capacity At The Local Level

Current Epidemiology Capacity Considered A “Black Box”

A new cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO) has been launched to increase the capacity of local health departments to obtain and use health related data. Asked why the project, entitled “Partnerships for Epidemiology and Surveillance” was undertaken at this time, NACCHO’s Paul Etkind, Senior Director of Infectious Diseases and Project Lead, told the Epidemiology Monitor that it became evident after the 2009 H1N1 pandemic that data collection, surveillance, and epidemiology capacities at the local health level are not well understood.

Unknown Capacity

He added, “We do not really know what we can expect from epidemiologists and other public health professionals working there, particularly in light of new information collection technologies now available.” He contrasted this with the detailed knowledge we have about epidemiologists at the state level because of very comprehensive capacity surveys conducted periodically by the Conference of State and Territorial Epidemiologists. Such surveys to measure and characterize local level epidemiology capacity have not been conducted. “We hope that the work we are undertaking will lead to a parallel understanding of the local

capacity that will be valuable to NACCHO, ASTHO, CSTE the CDC and to public health in general,” said Etkind. Summarizing the situation in a nutshell, he added “Epidemiology at the local level is, to some extent, a ‘black box’”.

Epi Roster

One of the key enabling elements of the new project will be to compile a roster of epidemiologists with formal training in epidemiology working at the local level and of other professionals whose primary training may be in sanitation, nursing, or other disciplines. These professionals do not think of themselves as epidemiologists but they are doing epidemiologic work, particularly during outbreaks or emergency situations. Future initiatives and capacity surveys will depend heavily on being able to identify epidemiology practitioners in the local health departments.

First Objective

The NACCHO project has been funded for one year and will be renewable on an annual basis. It has four principal objectives, the first of which is obtain a situation assessment of epidemiology and surveillance needs and priorities at the local health department level. The project expects to produce a report

“that data collection, surveillance, and epidemiology capacities at the local health level are not well understood “

“These professionals do not think of themselves as epidemiologists“

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"We need to upgrade our world view"

career as a physician, Rosling recognized that people from wealthier countries hold several myths about people and conditions in poorer countries. He reports he "got annoyed" by students and colleagues always referring to people from less fortunate countries as We and Them, i.e., We meaning those of us with a long life and small family, and Them meaning those others with a short life and large family. To help dispel these stereotypical ways of thinking about populations in the world, he analyzed statistics to show that the world has changed dramatically over the past few decades. He co-founded Gapminder Foundation to promote what he calls "a fact based world view".

Upgraded World View

"We need to upgrade our world view," according to Rosling, to be more in line with the remarkable progress made by different countries in acquiring wealth and health. According to Rosling, our prejudices can prevent us from recognizing this new "converging world" in which many countries have caught up with the United States. The unprecedented availability of data coupled with analysis and clear and clever presentation of numbers can foster a better understanding of the state of the world, says Rosling.

Main Points About Trends

Some of his main points about global trends described on his website are:

- 1) there are no longer two types of countries in the world – the old division into industrialized and developing countries has been replaced by 192 countries on a continuum of socio-economic development,
- 2) many Asian countries are now improving twice as fast as Europe ever did,
- 3) a new gap may form between 5 billion people moving towards healthy lives with education, cell phones, electricity, washing machines, and health services and more than 1 billion people stuck in the vicious cycle of absolute poverty and disease, and
- 4) there are reasons for optimism regarding the future of the world because the world is so poorly governed at present---we have enormous opportunities to improve the life of all humans by turning our already converging world into an equal, secure, sustainable, and free place to live.

"The Joy of Stats"

Rosling's Gapminder Foundation has created a website offering multiple videos showing revealing and entertaining statistics. For example, The "Joy of Stats" video, an obvious take-off on the more well-recognized title "The Joy of Sex", showcases the important role of statistics in making sense of the changing world and our understanding of how life is taking

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place on earth. Rosling unabashedly calls statistics “the sexiest subject around”, and claims that statistics gives us a perspective we cannot get in any other way. His mission is to share insights which can be gleaned from these data.

Intro To Research

In his Pumphandle Lecture, Rosling recounted the story of his conversion from doctor to researcher when faced with the need to investigate the cause of an outbreak of paralytic disease in Mozambique. Through surveys, Rosling was able to pinpoint the affected areas of Mozambique and to discover that a drought had caused inhabitants to shortcut their usual processing of cassava prior to turning it into porridge. The toxic bitter roots of the plant contained cyanide which led to a nutritional-toxicological disease called Konzo. The disease had actually been discovered earlier in 1936 by an Italian medical doctor working in the Belgian Congo.

Epidemiology and Correlation

The Joy of Stats is of special interest to epidemiologists because of the importance it attaches to correlations as a way of making important new discoveries. British epidemiologist Michael Marmot speaks in the film to describe the scientific process and the importance of continuously trying with different approaches to disprove correlations uncovered. If the correlations withstand our best efforts to disprove them, according to Marmot, then we cautiously conclude that “we may have something here.”

Rosling credits Richard Doll with what

he calls “a ground-breaking correlation”, namely the link between smoking and lung cancer and calls the work to establish the causal relationship, “science at its best”.

According to Rosling, as our world continues to generate unimaginable amounts of data, more data lead to more correlations, and more correlations can lead to more discoveries.

To listen to the Pumphandle Lecture, visit:

<http://tinyurl.com/3fd5ngk>

The sound quality of the video is not optimal, however, readers will be able to see and hear Rosling’s dynamic presentation style and a sample of data.

To hear a better quality video and perhaps the most exuberant presentation about the value of statistics and correlations you have ever heard, visit the Gapminder Foundation website to view “The Joy of Stats” and other videos and lectures.

<http://tinyurl.com/28gw5np> ■

-Continued from page 3 for NACCHO, CDC, and public health partner organizations based on the outcomes of two meetings held with persons working locally on epidemiology and surveillance issues, as well as other survey work that may be developed.

The second objective is to enhance the policy contributions of an
-NACCHO continues on page 8

“that statistics gives us a perspective we cannot get in any other way ”

“more correlations can lead to more discoveries ”

Epidemiology and Surveillance Workgroup convened by NACCHO. The Workgroup, representative of different size health departments from various geographic areas and including different subject matter experts, is charged to produce policy statements and provide a local health perspective input into national policy conversations. These activities will help give voice to local health departments and to NACCHO to advocate for issues in their communities or advance local health department positions during national level policy forums.

“These activities will help give voice to local health departments”

Community Health Needs

For example, the new Affordable Care Act mandates that hospitals take the lead in conducting community-level health needs assessments in their areas every three years. The legislation does not specifically mention local health departments as participants, or indicate that local health departments need to participate in this process. Many hospitals are not conducting the needs assessments, however, the relationships between community hospitals and local public health departments have not often been ones of close collaboration, according to Etkind. A policy statement specifically calling for inclusion of local health departments would help give voice to NACCHO at the national level and to local health departments at their level to advocate for health department involvement.

This in turn could help to ensure broader community participation and more of a population focus for these assessments.

Resources

The third objective of the project is to identify and distribute strategies, tools, and the other resources epidemiologists can use at the local level. The Epidemiology Work Group coordinates with Informatics Work Group at NACCHO to help identify innovations in health IT to support the work of epidemiologists. NACCHO expects to devote a portion of its website to epidemiology, carry news about the profession, list partner organizations epidemiologists can link to, have a tool box where epidemiologists can look for tools and strategies that might be applicable to challenges in their own jurisdictions, and perhaps publish an electronic newsletter that could also feature brief opinion pieces or peer-to-peer questions and answers. The overall goal is to improve the practice of epidemiology at the local level.

The fourth objective of the project is to solicit from members at least one new model in the area of local health department epidemiology and surveillance practice. This would be part of NACCHO’s annual Model Practice initiative

Getting Involved

Readers who currently are engaged in epidemiology work at the local health department level are encouraged to contact Paul Etkind at NACCHO (petkind@naccho.org) to add their names to the developing roster of epidemiology practitioners at the local health level. ■

“NACCHO expects to devote a portion of its website to epidemiology”

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than the known harms that accompany screening and treatment of screen-detected cancer, particularly the harms of overdiagnosis and overtreatment." Perhaps is not surprising that controversy erupts because the large group which experiences the harms is different from the small group which could experience the benefits.

American Cancer Society

Wrestling with the same issues as the USPSTF, the American Cancer Society has emphasized the importance of providing men with information and allowing them to decide based on what is most important to them. They labeled as "uncertain" the benefit of screening for an individual.

According to Otis Brawley, chief medical officer of the American Cancer Society, "We all need to keep an open mind regarding screening and support the basic and clinical research which might ultimately allow us to predict the localized prostate cancers that are destined to progress versus those localized cancers that are destined to remain dormant. If we find and validate such a test we can actually determine just how good our current treatments are."

Readers who wish to read the draft recommendation from the USPSTF can visit:

<http://tinyurl.com/3wuyzdm>

To access a copy of the latest review of the evidence published on October 7, visit the annals of medicine at :

<http://tinyurl.com/3chm8be>

For a recent interesting account of the controversy, read the article in the NY Times magazine entitled "Can Cancer Ever Be Ignored?" by Sharon Brownlee and Jeanne Lenzer at www.nytimes.com ■

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Review Panel

Despite these achievements, an international review panel carrying out a review mandated every five years of the CIHR concluded this summer that "...the full engagement of and participation by consumers and community is significantly underdeveloped in Canada" compared with other English speaking western democracies. The panel made several recommendations to the agency, including several to increase the public's participation in all of the agency's research processes.

In its report, the international panel, headed by former NIH Director Elias Zerhouni, the group called for more public engagement to help put knowledge translation into practice and for help with research advocacy and priority setting. To help buttress their recommendations on the importance of citizen engagement, the panel quoted Alan Leshner, President of the American Association for the Advancement of Science, writing in the Chronicle of Higher Education that institutions

"We all need to keep an open mind regarding screening and support the basic and clinical research"

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should redefine faculty success to include public engagement.

Lip Service

However, many experts in the field of public or citizen engagement recognize that the value of public participation is still contested even in places where it is practiced, not only in Canada but in other countries where lip service is often the norm rather than meaningful citizen involvement in decision making.

The role citizens should play in science is not clearly defined and the value added of citizen input is not well understood.

The question which often arises about the public is --what do they know? --implying that the conduct of science or the making of science policy decisions is all about facts and evidence when in reality other non-technical considerations such as feasibility, values, and costs are also in play in making technically sound and relevant science or research policy related decisions. And citizens are fully qualified to enter into these discussions.

NRC Literature Review

In the most extensive literature review of the evidence about the efficacy of public participation, the National Research Council of the National Academies of Science in 2008 produced findings which are broadly applicable to health and many scientific areas outside of

environmental assessment which was the focus of the review. The NRC concluded "when done well, public participation improves the quality and legitimacy of a decision and builds the capacity of all involved to engage in the policy process." It further called public participation "a requisite of effective action, not merely a formal procedural requirement."

Recommendations

At least four of the panel's sixteen recommendations involved changes or expansions in the role of the public vis à vis the agency, including a call to include members of the public on the Governing Council, increasing public and patient participation in all decision making processes, creating an office of public and governmental affairs, and creating programs to improve knowledge translation. All of these functions require information as well as considerations of which values to make paramount in a decision.

To access the useful CIHR resources, visit the following sites:

Framework

<http://tinyurl.com/3j4mkj8>

Handbook

<http://tinyurl.com/3cbhvj2>

Booklet

<http://tinyurl.com/3vo4nmk>

International Panel Report

<http://tinyurl.com/3qoxmtn> ■

"... the full engagement of and participation by consumers and community is significantly underdeveloped in Canada "

"institutions should redefine faculty success to include public engagement"

Epi News Briefs

Large Danish Cohort Study Of Mobile Phone Use Finds No Association With Brain Cancer

Case Closed? Not Yet Say Researchers

It is impressive to read about the type of epidemiological studies which the Danes can carry out. The latest example is a nationwide cohort study of over 350,000 residents born after 1925 and divided into subscribers and non-subscribers of cell phones. The cohort accrued almost 4 million person years of followup in the period 1990-2007. The risk was close to 1.0 for both men and women and there was no evidence of a dose response relationship by duration of exposure or by anatomical location of the tumor nearby where the handset is usually held.

The results were not as subject to the biases associated with previous studies, but nevertheless, the authors concluded conservatively that additional studies with longer followup and with large populations with minimal exposure and selection bias "are warranted." It looks as if it will be years away before researchers are willing to give cell phones a clean bill of health, but for now the preponderance of evidence is negative. If the goal of the research is to establish "safety" as one epidemiologist has said, one can wonder what the definition of that will require and whether agreement can ever be reached that "safety" has been proven since it requires proving a negative.

One interesting comment came from a physician on Long Island who noted that the biggest cell phone risk is using it while driving to speak, text, or check emails. That's worth acting on. ■

Pregnant Women With 2009 H1N1 Infection Have Much Poorer Pregnancy Outcomes

A cohort of 256 hospitalized pregnant women with confirmed H1N1 infection in late 2009 and early 2010 and 1220 pregnant woman controls were followed-up by researchers at Oxford University to ascertain pregnancy outcomes. Results reported in BMJ showed that perinatal mortality among infected women was 39 per 1,000 live births versus 7 in controls, mostly due to an increase in stillbirths among the cases. These findings reinforce those which call for vaccination of pregnant women, not only for the sake of the mother, but also for the sake of the fetus. ■

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"It is impressive to read about the type of epidemiological studies which the Danes can carry out"

"These findings reinforce those which call for vaccination of pregnant women"

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It's Not Just Prostate Cancer Screening Coming Under Fire But Breast Cancer Screening As Well

"That seems to translate into don't believe most of what you hear!"

The recent guidelines on prostate cancer screening from the US Preventive Services Task Force call for discouraging the use of PSA screening because reviewers could not adequately demonstrate a net benefit of screening, or that the benefits in terms of lives saved outweighed the harms caused by treatment. The prevalence of screening is high in the US and many men and doctors believe their lives have been saved by the test. Now mammography screening, which caused a controversy two years ago when the Task Force withdrew its recommendation for routine screening, has come under close scrutiny by a group of investigators from Dartmouth.

"Health and disease are the good and bad effects of where you are in the hierarchy, mediated by the effects of chronic stress."

They report in the Archives of Internal Medicine that, as with men surviving prostate cancer, most women with screen detected breast cancer have not had their lives saved by screening. The researchers estimated that the probability of having a life saved for breast cancer was always less than 25% under the conditions of their study, and in all likelihood was probably well below 10%. It is not clear how the authors expect women to use this information. They claim it should "put cancer survivor stories in their proper context". That seems to translate into don't believe most of what you hear! ■

Public Broadcasting System Examines The Health Effects Of Income Inequality By Talking With Epidemiologists

Because of the Occupy Wall Street movement, everyone's awareness of income inequality has been heightened recently. Also, a new report from the nonpartisan Congressional Budget Office shows just how bad the situation has become in the United States with the wealthiest segment experiencing triple digit increases (275%) in income compared to more meager increases ranging from 18-75% in other income classes. An interview with British epidemiologists [Michael Marmot](#) and [Richard Wilkinson](#) by the Public Broadcasting Service helps to understand the health consequences of these disparities. Below are excerpts from the interview in late September.

Wilkinson: *Societies with bigger income differences between rich and poor do worse on a whole range of measures. They have worse health. They have more violence. They have more drug problems. Standards of child well-being are worse.*

Wilkinson: *Perhaps two or three times the mental illness as the more equal countries. Because, in a more unequal society, there is more status competition. We judge each other more by status, and we feel more judged.*

Marmot: *Health and disease are the good and bad effects of where you are in the hierarchy, mediated by the effects of chronic stress.*

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Notes on People

Honored: Bruce Lanphear, Professor at Simon Fraser University, with an award of the Nora and Ted Sterling Prize in Support of Controversy. The unusual prize is given to a university person who provokes and/or contributes to the understanding of controversy. Lanphear has been provocative because he has been highlighting the health effects of even low levels of exposure to lead.

Appointed: William Maier, as Chief Scientific Officer of REGISTRAT-MAPI, a global contract research organization. He was most recently vice-president and head of epidemiology for the organization, and prior to that senior director of epidemiology at GlaxoSmithKline and Elan Pharmaceuticals. He received his PhD in epidemiology from UNC and an MPH from San Diego State University.

Elected: Barbara Abrams, to the Institute of Medicine. Dr Abrams is professor of epidemiology, maternal and child health, and public health nutrition at the University of California Berkeley. She was cited for her contributions to maternal and child health nutrition documenting the association between maternal weight gain and birth outcomes.

Other epidemiologists also elected to the IOM this year include JoAnn Manson, professor in the Harvard School of Public Health and the Medical School, and Richard Jackson, professor and chair of the department of environmental health sciences at UCLA School of Public Health.

Honored: Robert Wallace, by the Institute of Medicine with the Walsh McDermott medal for his distinguished service to the IOM over an extended period of time. Dr Wallace holds the Ensminger Stecher Professorship in Cancer Research at the University of Iowa College of Public Health. According to the IOM, his passion for research and expertise in preventive medicine and epidemiology makes him a versatile and productive contributor to the organization.

Awarded: To Charles (Chuck) Ratzlaff, a Research Trainee Award, for his post-doctoral work to be undertaken on osteoarthritis of the hip. The award was made by the Michael Smith Foundation for Health Research. Ratzlaff is in the Faculty of Medicine, Department of Health Care and Epidemiology at the University of British Columbia.

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Wilkinson: *Money becomes more important because it says what your're worth. So people in more unequal societies work longer hours, much longer hours, are more likely to get into debt. They save less of their income.*

Wilkinson: *We sometimes say, if you want to live the American dream, you should move to Finland or Denmark, which have much higher social mobility.*

■

Do you have news about a colleague that others will want to know ?

E-mail it to us or call us with it and we'll publish it here, on our website, and on our Facebook page.

info@epiMonitor.net

Thank You !

Epi-Monitor Job Bank---Sample Listings for October 2011

For over 30 years the Epi-Monitor has helped epidemiologists find the best jobs in the field. Our publication helps employers cost effectively reach their target audience . Recently we've dramatically expanded our job bank to include:

- ▶ Over 550 positions currently listed
- ▶ Opportunities in all 50 states
- ▶ Openings in 26 countries
- ▶ 6 universities looking for 5-12 faculty EACH
- ▶ Jobs in industry with multiple locations
- ▶ Listings for non-traditional epi jobs requiring epi education/experience

In addition to listings found in this print newsletter our website, Facebook page, and e-mail alerts are constantly updated and allow us to help you find the job or employee to meet your needs. See a job listing that interests you or want to see our other listings ? Stop by our website today !

Shouldn't your next job or employee come from the Epi-Monitor job bank ?

www.epimonitor.net/JobBank.htm

Sample International Epidemiology Job Opportunities

Location	Position	Employer	Contact
Afghanistan	Epidemiologist Polio Eradication	WHO - World Health Organization	www.who.int/employment
Australia	Prof of Biostatistics	University of Adelaide	http://www.adelaide.edu.au/jobs/
Canada	Chronic Disease Epidemiologist	Saskatchewan Epidemiology	StaffingTeamF@gov.sk.ca
Congo	Epidemic Preparedness Officer	DAI-WHO	RESPOND@dai.com
Denmark	Pgm Mgr / Vulnerability & Health	World Health Organization	www.who.int/employment/en
France	Scientist - Nutritional Epidemiology	World Health Organization	http://tinyurl.com/3nx9556
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Sudan	Guinea Worm Eradication Epi	The Carter Center	jobs@cartercenter-ssudan.com
Uk-England	Research Fellow - Epidemiology	Imperial College London	smrecr@imperial.ac.uk

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

Sample USA Epidemiology Job Opportunities

Location	Position	Employer	Contact
Alabama	Injury Epidemiologist	UAB	http://tinyurl.com/3rrqgko
Alabama	Epidemiologist/Administrator V	AL Dept. of Mental Health	www.mh.alabama.gov
Alaska	Epidemiologist	Alaska Native Epi Ctr	emprovost@anthc.org
Arizona	Healthcare Statistical Analyst III	Health Services Advisory Group	humanresources@hsag.com
Arizona	Microbiologist	Dept of Veterans Affairs	CAVHS.DEU@VA.GOV
Arkansas	Statistician II	AR Foundation for Med Care	mdumas@afmc.org
California	Epidemiologist - Cancer Research	CA Ctr for Cancer Prevention	http://tinyurl.com/42a9ztn
California	Data Analyst I	Milliman	Stefon.Ricard@Milliman.com
Colorado	Asst/Assoc Prof Epi	Colorado State University	Jennifer.Peel@colostate.edu
Connecticut	Head Div Environmental Sciences	Yale University	ehs.search@yale.edu
Delaware	Assoc Dir - HEOR	AstraZeneca Pharmaceuticals	http://tinyurl.com/3hnre6h
Delaware	Research Scientist - Epidemiology	AstraZeneca	http://tinyurl.com/3mtqwj8
Florida	Research Assoc - Cancer	University of Miami	http://tinyurl.com/3revur7
Florida	Assistant Professor	University of Miami	jrao@med.miami.edu
Florida	Biostatistician	Univ. South Florida	Tricia.Holtje@epi.usf.edu
Georgia	Associate Professor (TT)	Georgia Southern University	jjanzhang@georgiasouthern.edu
Georgia	Investigator/Research	Kaiser Permanente	http://tinyurl.com/3jq4stu
Idaho	Healthcare Utilization Analyst	Regence	http://tinyurl.com/3ttwhjq
Illinois	Research Assoc/Post Doc	Northwestern University	http://tinyurl.com/3cmp5rd
Illinois	Clinical Biostatistician	Delta Pharma	http://tinyurl.com/3ha7vkj
Illinois	Sr. Dir Outcomes Researcher	Walgreens	http://tinyurl.com/3e5ksmf
Indiana	Full Professor & Chair	Indiana Univ - HPER	http://tinyurl.com/3wawmfp
Indiana	Prof/Asst - EH&S	IU-Dept of Public Health	dmcswane@iupui.edu
Indiana	Faculty Comparative Genomics	Purdue University	whiteb@purdue.edu
Kansas	Network Research Director	Amer Academy of Fam Phys	http://tinyurl.com/3r8n8th
Louisiana	Investigator	Center for Health Research	ochsnerphysiciancv@gmail.com
Maine	Healthcare Data Analyst	Health Dialog	http://tinyurl.com/3tyrzq3
Maryland	Div. Director – Gerontology	Univ Maryland – Baltimore	jguralnik@umaryland.edu
Maryland	Professor - Gerontology	Univ Maryland – Baltimore	jguralnik@umaryland.edu
Massachussets	Hlth Outcomes Research Analysts	WellPoint	http://tinyurl.com/3s9f9lm
Massachussets	Assoc. Dir Clinical Epi	VERTEX Pharmaceutical	http://tinyurl.com/3lwqfyf
Massachussets	Assistant Professor (TT) Epi	Harvard University	http://tinyurl.com/3b66m7w
Massachussets	Epidemiologist/Toxicologist	Gradient	apatterson@gradientcorp.com

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

Sample USA Epidemiology Job Opportunities

Location	Position	Employer	Contact
Michigan	Sr. Health Econ Analyst - Epi	Detroit PPO	mlk@vermilliongroup.com
Mnnesota	Sr. Epidemiologist - Diabetes	MN DOH	gretchen.taylor@state.mn.us
Minnesota	Research Fellow Cardio Epi	University of Minnesota	http://tinyurl.com/3av9nd6
Mississippi	Epi/Biostatistician/Analyst	MS DOH	joe.surkin@msdh.state.ms.us
Missouri	Epidemiologist	Health Dept - Ofc of Epi	http://tinyurl.com/3w8xo53
Missouri	TT Assoc-Full Prof - Epi	St. Louis University	EVANSRG@SLU.EDU
Missouri	Research Scientist	St. Luke's Hospital	http://tinyurl.com/3vblfga
Montana	Epidemiologist	Public Health & Human Services	hhsea@mt.gov
Nevada	TT Ass't Professor - Epi	Univ Nevada - Reno	http://tinyurl.com/3hwb54n
New Jersey	Outcomes Research Lead	Merck	http://tinyurl.com/3o33tj2
New Jersey	Mgr Global Health Outcomes	Merck	http://merck.com/careers
New York	Pre-Doc Cancer Epi	University of Buffalo	sphp-spm@buffalo.edu
New York	Dean, School of Public Health	CUNY Hunter College	http://tinyurl.com/3r4nwq8
New York	Advanced Analytics Analyst	WellPoint, Inc.	http://tinyurl.com/3gjpppx
New York	Sr Risk Assessment Scientist	SRC	http://tinyurl.com/3oacst9
New York	Prof Cardio Dis Epi	Albert Einstein	http://eph.aecom.yu.edu
New York	Prof. Cancer Epi	Albert Einstein	http://eph.aecom.yu.edu
North Carolina	Senior Epidemiologist	SciMetrika	http://tinyurl.com/3ru3adl
North Carolina	Statistician	RTI International	http://tinyurl.com/43kraxb
North Carolina	Analyst, IT, SR	Duke University	http://tinyurl.com/3oqm62o
North Carolina	Research Analyst	CVS Caremark	http://tinyurl.com/3etn8q4
North Carolina	Post-Doc/ Substance Abuse	Duke University	http://tinyurl.com/3wk2fle
North Dakota	Epidemiologist III	North Dakota DOH	http://tinyurl.com/4ytgbx2
Oregon	Healthcare Utilization Analyst	Regence	http://tinyurl.com/3ttwhjq
Oregon	Data Reporting Analyst	Regence	www.regence.com/careers
Oregon	Research Associate I	Kaiser Permanente	http://tinyurl.com/as72t6
Oregon	Med Tech & Policy Research	YOH	http://tinyurl.com/43jqly9
Pennsylvania	Outcomes Research Scientist	Merck	http://tinyurl.com/3cxyux5
Pennsylvania	Lab Manager - Epidemiology	University of Pittsburgh	http://tinyurl.com/3ec39rf
Pennsylvania	Epi Program Coordinator	Aerotech Scientific LLC	jdeshiel@aerotek.com
Rhode Island	Prof Epi / Outcomes Research	RI Univ – Schl of Pharmacy	cwilley@uri.edu
Rhode Island	Biostatistician I-II	Brown University	http://tinyurl.com/3sa9drh
Rhode Island	Biostatistician	Care New England	wihjobs@carene.org

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

Sample USA Epidemiology Job Opportunities

Location	Position	Employer	Contact
South Carolina	Prof in Epidemiology	Univ. South Carolina	EPIDSCH@mailbox.sc.edu
Tennessee	Mgr Epi Research Studies	St. Jude's Children's Hospital	www.stjude.org/jobs
Tennessee	Asst. Professor - Public Health	Univ. of Memphis	http://tinyurl.com/3up98fh
Tennessee	Prof. Environmental Health	Univ. of Memphis	http://tinyurl.com/3h69ver
Tennessee	Prof. Biostatistics	Univ. of Memphis	http://tinyurl.com/3s8o6kz
Tennessee	Clinical Research Assistant I	St. Jude's Children's Hospital	http://tinyurl.com/42f9flh
Tennessee	Director - Epi & Biostatistics	Univ. of Memphis	http://tinyurl.com/3e9l57o
Texas	Asst/Assoc Professor	Univ of TX School of Public Health	Sharon.S.Cummings@uth.tmc.edu
Texas	Sr Informacist/Epidemiologist	X Technologies, Inc.	http://tinyurl.com/3m7ev42
Texas	Asst-Assoc Professor (TT)	Univ of TX Health Sciences Br	Kim.C.Clendenen@uth.tmc.edu
Texas	Post-Doc Comp Effectiveness	Univ of Texas Medical Branch	baschill@utmb.edu
Utah	Healthcare Utilization Analyst	Regence	http://tinyurl.com/3ttwhjq
Utah	USTAR Prof Applied Nutrition	Utah State University	michael.lefevre@usu.edu
Utah	Biomed Informatics Specialist	Niche Associates	http://tinyurl.com/427rddt
Virginia	Sr. Health Svc. Researcher	Altarum Institute	http://tinyurl.com/3brdby9
Virginia	Computational Bioscientist	Strategic Analysis, Inc	http://tinyurl.com/3cexnup
Virginia	Dir Risk Mgmt	PRA, Inc.	http://tinyurl.com/3f7dn59
Virginia	Faculty Position - Epi	Old Dominion University	matsondo@evms.edu
Virginia	Epi w/Security Clearance	Battelle National Security	http://tinyurl.com/3rdhhge
Virginia	Sr. Healthcare Analyst	Value Options	http://tinyurl.com/3skfdsw
Washington	Geostatistician	Intellectual Ventures	http://tinyurl.com/6e4jex2
Washington	Epidemiologist/Toxicologist	Gradient	apatterson@gradientcorp.com
Washington	Pub. Health Sciences Div. Dir	Fred Hutchinson Cancer Ctr	zbarnhar@fhcrc.org
Wash, D.C.	Public Health Analyst - Epi	ICE Health Service Corps	http://tinyurl.com/3wzlnyp
W. Virginia	Assoc. Prof – Outcomes Research	UVW – School of Pharmacy	usambamoorthi@hsc.wvu.edu
Wisconsin	Faculty- Epi (8-10 positions)	University of Wisconsin-Milwaukee	jparker@uwm.edu

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

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Contact Ron Aron 770.670.1946 or ron.aron@epiMonitor.net

University of Alabama at Birmingham
Injury Epidemiology

The Department of Epidemiology is accepting applications for a faculty member in the School of Public Health to fill an Injury Epidemiologist position with a 12 month appointment. Rank and tenure earning status commensurate with experience. The successful candidate should have a PhD, MD, or other doctoral degree and relevant research experience. A history of extramural funding and excellence in teaching are highly desirable. Application from women, members of traditionally disadvantaged minority groups, and scientists with disabilities are encouraged.

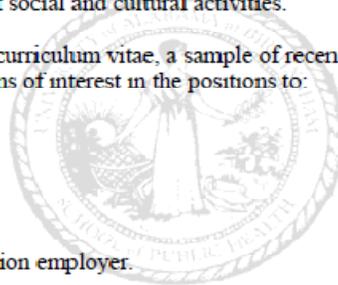
The successful applicant should demonstrate knowledge and expertise in the design and execution of population level injury research including experience with the government public-use injury-related databases (e.g., NHTSA's National Automotive Sampling System). The applicant should have advanced skills in epidemiologic methods and applied statistical analysis, excellent communication skills, and they should demonstrate potential for the successful development of major injury-related research projects. Teaching responsibilities include graduate-level courses in epidemiologic methods and injury epidemiology.

UAB ranks among the top 21 universities in the nation receiving NIH funding and is nationally respected for the high quality of its medical center and its research and training programs in health sciences. The UAB School of Public Health has 93 full-time primary faculty and 486 students. In recent years the School has consistently ranked second among UAB schools in successfully competing for extramural funding. UAB has a number of resources to enhance the research and training opportunities for this position. The Birmingham metropolitan area boasts some of the nation's most diverse communities with a plethora of social and cultural activities.

Interested applicants should submit current curriculum vitae, a sample of recent research scholarly activity, a cover letter that discusses qualifications and reasons of interest in the positions to:

Search Committee Chair
c/o Joanna Carson
RPHB 220B, 1665 University Boulevard
Birmingham, AL 35294-0022

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Harvard Medical School

Global Health and Social Medicine Assistant Professor – Epidemiology

Harvard Medical School invites applications to a search for an epidemiologist specializing in bio-social evaluations of epidemic disease or in analysis of large-scale intervention programs to be appointed as assistant professor in the Department of Global Health and Social Medicine. This tenure-track position is established to strengthen the Department's scholarly work in health care delivery among resource-poor populations in sub-Saharan Africa, the Caribbean, and possibly other regions. We seek applicants who have significant experience working in resource-poor settings, including capacity-building among local nationals as well as supervision and management of research studies and field operations. The candidate should have experience in qualitative and quantitative data collection; a strong record of sponsored research and scholarly publications in both medicine and public health; and excellent teaching skills. The candidate will be required to mentor medical students and graduate students and contribute to the mentorship of junior faculty members in study design and data analysis. Collaboration with other faculty and with a multidisciplinary team on study design, data analysis, and the preparation of scholarly publications will be expected. A doctoral degree in epidemiology, biostatistics, or in a social science/public health field with quantitative skills training is required.

Applicants send a cover letter, CV, statement of teaching interests, research plans, and contact information for at least three potential references to <http://academicpositions.harvard.edu/postings/3746>, where additional position details are available. Applications are due by January 5, 2012.

Harvard University is an Equal Opportunity, Affirmative Action employer and applications from women and underrepresented minorities are strongly encouraged.



Associate/Assistant Dean for Clinical and Population Health Research (CPHR)

The University of Massachusetts (UMass) Graduate School of Biomedical Sciences (GSBS) and Medical School in Worcester, MA, are jointly seeking a researcher/ educator to lead the doctoral program in Clinical and Population Health Research (CPHR). This thriving doctoral program was founded 7 years ago and has, as its primary focus, clinical and population health research. An MD/PhD pathway, offered in conjunction with the Medical School, is also available to students. The Program Director will be appointed at the Associate/Full Professor level, depending on qualifications, in the Department of Quantitative Health Sciences in the School of Medicine. The Program Director will also be appointed as Assistant/Associate Dean in the GSBS. Appointment into a tenure-tenure track position is possible.

The successful candidate must have a PhD or equivalent doctoral degree in a relevant area, and a strong track record in both teaching and research. A dual MD/PhD degree and a history of curricular innovation are desirable. Independent research status is a requirement for this position as is interest and willingness to teach in the CPHR Program.

UMass is a dynamic institution on a rapidly ascending trajectory. UMass received a Clinical and Translation Science Award in 2010 and the Worcester campus currently receives more than \$250 million in annual extramural funding. The Department of Quantitative Health Sciences (QHS) was founded in 2009, now has over 20 faculty in 4 Divisions, and is a key driver of clinical and translational research at UMass. The CPHR program is transitioning to a home in QHS, with graduate students housed in proximity to QHS faculty. A broader group of over 80 faculty members across the UMass Worcester campus, including QHS, have expertise in clinical and population health research and serve as mentors and thesis advisors for the CPHR students.

Applicants should submit a cover letter, curriculum vitae, statement of research interests, educational leadership experience, and contact information for three references to www.academicjobsonline.org. The deadline for the search is open until the position is filled, and the anticipated start date for the successful applicant is summer 2012. Inquiries, but not application materials, may be directed to QHS.faculty.search@umassmed.edu. Interested applicants may find out further details about the GSBS, the Department of QHS, and the CPHR program through the following links: www.umassmed.edu/gsbbs; www.umassmed.edu/qhs; and www.umassmed.edu/cphr

As an equal opportunity and affirmative action employer, UMMS recognizes the power of a diverse community and encourages applications from individuals with varied experiences, perspectives and backgrounds.



Pre-doctoral Positions in Cancer Epidemiology Multidisciplinary Program

A partnership between the Department of Social & Preventive Medicine at the University at Buffalo and Roswell Park Cancer Institute offers an exciting opportunity for doctoral work in cancer epidemiology and control with a multidisciplinary focus. In a NCI-funded program, students receive a stipend, tuition, and research funds. The program provides a challenging curriculum; fellows integrate cancer epidemiology with other fields including cancer biology and pathology, biostatistics, toxicology and geographic information science.

This pre-doctoral fellowship provides resources to fellows to become cancer epidemiologists equipped to do cutting-edge research and prepared for the research challenges of the future. In the partnership between the University at Buffalo and Roswell Park Cancer Institute, students have access to tailored, hands-on opportunities to develop research skills in epidemiology and control as well as in other related fields.

For further information, feel free to contact Dr. Jo Freudenheim, Department of Social & Preventive Medicine, University at Buffalo at: sphhp-spm@buffalo.edu. Information regarding application to the doctoral program:

<http://sphhp.buffalo.edu/spm/prospective.php>

More info on the cancer training fellowship is available at:

<http://tinyurl.com/3hnrky4>

Stuart and Joyce Robbins Endowed Professorship in Epidemiology

The West Virginia University Department of Community Medicine is seeking an accomplished, nationally reputed scientist for appointment to the newly created Robbins Professorship in Epidemiology. The successful candidate will have the skills, vision, and experience to provide senior academic leadership in one of the following research areas: epidemiology of obesity, physical activity, diabetes, environmental risk factors, cardiovascular diseases, perinatal and childhood diseases, or childhood antecedents of adult chronic disease.

Current research strengths in the Department include the epidemiology of cardiovascular diseases, chronic kidney disease, cancer, occupational and environmental epidemiology. There are also strong, complementary research programs in basic science and clinical departments in the School of Medicine, the Center for Cardiovascular and Respiratory Sciences, the Center for Neuroscience, the Mary Babb Randolph Cancer Center, and the newly formed WV Clinical and Translational Sciences Institute. Also, there is institutional commitment to building a strong public health and translational sciences research and teaching program. The Department of Community Medicine is therefore undergoing a major expansion and is planning with its partners to apply for School of Public Health status. The current endowed professorship is envisaged to be a key senior faculty hire in Epidemiology.

The West Virginia University is a comprehensive, land-grant university with approximately 28,000 undergraduate and 5,500 graduate students. The WVU Health Sciences Center includes the Schools of Medicine, Pharmacy, Dentistry, Nursing, and the newly proposed School of Public Health. Morgantown has 55,000 residents and is rated as one of the small towns in the US, with affordable housing, excellent schools, a picturesque countryside and many outdoor activities.

The successful candidate will have a PhD and/or MD degree with substantial training in Epidemiology, a distinguished record of research and scholarly accomplishments, national prominence in his/her field of research, sustained and active extramural research funding, the ability to attract and develop collaborative research programs and experience in graduate student education. Review of applications will commence immediately and continue until the position is filled.

Interested candidates should submit a cover letter describing their research and teaching experience, contact information for three references, and curriculum vitae to Crystal Toth, search coordinator, at PubHlthSearch@hsc.wvu.edu. Applicants should type the phrase "**Robbins professorship**" in the subject line of the e-mail. The position will remain open until filled.



Opportunities This Month

- 18 - Harvard Med School / Asst. Professor
- 18 - UWA / Ph.D. Program
- 18 - UAB / Injury Epidemiologist
- 19 - UB / Pre-Doc Positions Cancer Epi
- 19 - UMASS / Assoc-Asst Dean CPHR
- 19 - WVA Univ./ Endowed Professorship - Epi
- 20 - UTMB / TT Faculty - Women's Health

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Tenure Track Asst Professor - Women's Health

The Center for Interdisciplinary Research in Women's Health at UTMB invites applications for a tenure-track position at the assistant professor level. Applicants in all areas of research related to women's health will be considered. Candidates with backgrounds in sociology, demography, anthropology, public health, epidemiology, statistics, and related fields are encouraged to apply. UTMB has strong research programs in reproductive health, aging, infectious disease, adolescent health and preventative medicine, among others. A strong publication record and experience with grant writing is preferred.

The successful candidate will be provided with a competitive salary and benefits package and given a minimum of 85% protected time for research. They will also be given the opportunity and assistance to establish and maintain an independent, externally funded research program.

Applicants should have a PhD or equivalent degree, a record of conducting research in women's health, and no more than 6 years of research experience following their degree.

Send electronic curriculum vitae, statement of research interests and goals, and the names of three references to:

Abbey Berenson, MD, MMS
The University of Texas Medical Branch

301 University Blvd.
Galveston, TX 77555-0587
abberens@utmb.edu

**UTMB is an equal opportunity affirmative action institution that proudly values diversity.
Candidates of all backgrounds are encouraged to apply.**