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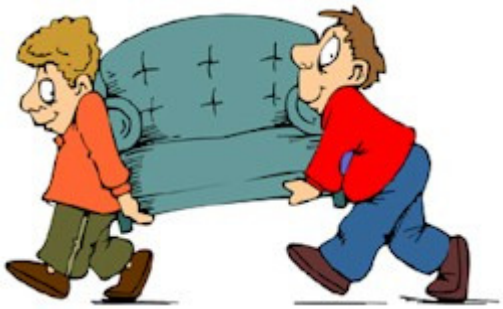

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Past, Present, and Future of Epidemiology Are Focus Of Hopkins Symposium Celebrating 30th Anniversary Of Summer Institute

Panelists Asked—"Where Do You See The Discipline Going ?"

A panel of five speakers was invited to a symposium in Baltimore in May to celebrate the 30th anniversary of the Hopkins Summer Program in Epidemiology and Biostatistics. The program has grown over the years from 8 courses in 1983 to 40 courses in 2012 and from 110 students earlier to more than 500 students now. Also, the percentage of students from foreign countries has increased from 10 to 33%, according to Moyses Szklo, Director of the Program.

The theme for the session was the past, present, and future of epidemiology and included presentations by Jiang He, Chair of the Department of Epidemiology at Tulane, focused on the changing

- *Hopkins continued on page 2*

In This Issue:

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"humans harbor ten times more bacterial than human cells"

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-Hopkins continued from page 1
global burden of disease, Alfredo Morabia, Columbia University professor, centered on the history of epidemiology, William Moss, associate professor at Hopkins, on infectious disease epidemiology, Elizabeth Platz, professor at Hopkins, on cancer epidemiology, and Walter Stewart, Director of the Center for Health Research at Geisinger Health System, on the role of research in health care.

Themes

In summarizing the themes which emerged from these presentations, David Celentano, Chair of epidemiology at Hopkins, noted 1) the need for epidemiologists to achieve greater relevance through better translation, 2) the growing role of new technology in conducting research, 3) the role of "big science" as a way of conducting and collaborating on research, and finally 4) the need to revamp epidemiology training in order to better prepare epidemiologists for working in the context of these new realities.

Infectious Disease Epi

Hopkins'William Moss described the changes in infectious disease epidemiology and stated that its demise has been much exaggerated. It is a very exciting time and the future is very bright for infectious disease epidemiology, according to Moss. He gave the example of using mobile phones to decipher social and sexual networks, of remote sensing to look at spatial patterns, and genomic sequencing of pathogens as examples of advances in technology and informatics which are revolutionizing infectious disease epidemiology and allowing better information to be obtained.

Also, novel conceptual frameworks have been put forth such as the idea of a human microbiome. When we come to know that humans harbor ten times more bacterial than human cells, then the idea of "us versus them" no longer seems fitting and the idea of "us" seems more useful according to Moss.

Another relatively new concept described by Moss to answer difficult questions is that of phylodynamics, a way of exploring more dynamic models of how infectious agents act on and are acted upon. Moss told his audience that training endemic country scientists in the use of these more dynamical approaches was an important task for US programs.

Cancer Epi Good News and Bad

Elizabeth Platz was introduced as a leader in the cancer epidemiology area at Hopkins. She reviewed past successes such as those related to lung and cervical cancer and more recent successes linking aspirin to colon cancer and inactivity and obesity to multiple cancers. Platz also noted some of the problems that the field has experienced, most notably the failure of clinical trials to substantiate the benefits predicted from observational data of beta-carotene in preventing lung cancer. "We did not think adequately," said Platz, "about such potential influences as dose, timing, and formulation."

-Hopkins continues on Page 4

Bill Foege, Epidemiologist and Former CDC Director, Awarded Presidential Medal Of Freedom

Awardee Shares Lessons Learned In An Interview With APHA

Bill Foege, an epidemiologist and former CDC Director and global health advisor to the Bill and Melinda Gates Foundation, was awarded the Presidential Medal of Honor in May 2012. President Obama called the medal "the highest civilian honor this country can bestow". In pointing out what is special about the honor, the President added, "Every one of today's honorees is blessed with an extraordinary amount of talent. All of them are driven. But, yes, we could fill this room many times over with people who are talented and driven. What sets these men and women apart is the incredible impact they have had on so many people -- not in short, blinding bursts, but steadily, over the course of a lifetime."

Comments About Foege

In introducing the honorees which included familiar names such as Bob Dylan and John Glenn, the President offered these observations about Bill Foege. "In the 1960s, more than 2 million people died from smallpox every year. Just over a decade later, that number was zero -- 2 million to zero, thanks, in part, to Dr. Bill Foege. As a young medical missionary working in Nigeria, Bill helped develop a vaccination strategy that would later be used to eliminate smallpox from the face of the Earth. And when that war was won, he moved on to other diseases, always trying to figure out what works. In one remote Nigerian village, after vaccinating 2,000 people in a single day, Bill asked the local chief how he had gotten so many people to show up. And the chief explained that he had told everyone to come see -- to 'come to the village and see the tallest man in the world.' Today, that world owes that really tall man a great debt of gratitude."

Citation

Prior to awarding the medal, a military aide read the following citation: A distinguished physician and epidemiologist, Bill Foege helped lead a campaign to eradicate smallpox that stands among medicine's greatest success stories. At the Centers for Disease Control and Prevention, the Carter Center, and the Bill and Melinda Gates Foundation, he has taken on humanity's most intractable public health challenges from infectious diseases to child survival and development. Bill Foege has driven decades of progress to safeguard the well-being of all, and he has inspired a generation of leaders in the fight for a healthier world.

Interview

At the time of the award, Foege was interviewed by a reporter for APHA . In this interview, Foege was asked to list some of the most important lessons learned in how to implement successful public health interventions, a topic which is of broad interest to the epidemiology

-Foege continue on page 7

"he has taken on humanity's most intractable public health challenges"

"Bill Foege has driven decades of progress to safeguard the well-being of all"

- *Hopkins contined from page 2*

The Rut

She also talked about the "cancer epidemiology rut" in which the nutrient of the day or the SNP (single nucleotide polymorphism) of the day are reported. Often results are not consistent, there is no reconciliation of results, and there is message confusion to the public. She also criticized "Me Too Science" in which investigators revisit the same question in the same way and thus do not always move the field forward, even in incremental ways.

"Platz urged that scientists ask important questions and not be guilty of type 3 errors"

Challenges

For the future, Platz urged that scientists ask important questions and not be guilty of type 3 errors which are getting the right answers to the wrong questions. She urged investigators to go beyond what they have done in the past to not only publish results but to help move findings to implementation. For this type of translational work, she said that epidemiologists would have to learn to collaborate with interventionists and others more involved in implementation. She also called for more studies of patients with cancer to discover modifiable factors that would improve prognosis. For example, what is the role of obesity in cancer outcome?

"epidemiologists have public service obligations"

Among the current hot topics in cancer epidemiology she listed comparative effectiveness research, individualized health, and global cancer.

Obligations

She closed by reminding the audience that epidemiologists have public service obligations. We know that more than 50% of cancer is preventable and we have an obligation to get that message out there. Don't perpetuate the "exposure of the day" problem, and don't obfuscate more important factors, she said. She suggested that investigators should say no to creating certain press releases when the findings do not warrant it. She closed on a positive note by urging epidemiologists to build on the current momentum which strongly supports cancer prevention.

Global Burden of Disease

Dr He focused his talk on the epidemiological transition which has occurred in low to middle income countries. He showed multiple slides documenting the burden of chronic diseases in the world today attributable to demographic and economic development changes, particularly in China. His conclusions were that chronic diseases, including cardiovascular disease, are the leading causes of death in the world today and that without effective interventions, the increase that has occurred will only continue. He told the audience that control of modifiable risk factors for chronic diseases should be a global health priority.

Idea From History About The Future

Alfredo Morabia's presentation was focused on finding a single idea from the history of epidemiology that would permit us today to say something about the future of

- Hopkins continued on page 6

Polio Eradication Now Considered A Global Public Health Emergency

Disease Said To Be At The "Tipping Point"

Usually one reads about health emergencies when cases are increasing and at high levels but polio has been declared an emergency when cases are decreasing and at record low levels. What explains this ironic situation is that the global effort to eradicate polio from the world population is now down to only three endemic countries, and it is more important than ever to finish the job lest polio resurge as it has done in the recent past when success was within sight according to public health leaders.

Leaders Speak

The WHO Director Margaret Chan has said "polio eradication is at a tipping point between success and failure," and CDC Director Tom Frieden has remarked "We need everyone's commitment and hard work to eradicate polio and cross the finish line. It won't be easy, but together we can eradicate polio forever and for everyone."

In January 2012 finishing the task of polio eradication was declared an emergency by the executive board of the WHO and this action was ratified by the entire World Health Assembly meeting in Geneva last month. A Globatl Emergency Action Plan 2012-2013 has been developed to assist the three remaining endemic countries – Afghanistan, Nigeria, and Pakistan – to significantly increase vaccination coverage by the end of 2012 to levels high enough to stop transmission shortly afterwards. Also increased accountability and coordination at every level of government and within every partner agency is called for. The CDC is also treating the completion of polio eradication as a public health emergency and has activated its Emergency Operations Center as has UNICEF.

Big Victory In India

The most encouraging news in the polio effort of late was the success in interrupting transmission of polio in India in the twelve month period February 2011 to February 2012. This is the first time India has been polio free and, according to CDC, "India's success proves the technical feasibility of global polio eradication and highlights potential solutions to address operational challenges in other countries."

In an article in the Atlantic, Bruce Aylward, head epidemiologist of the WHO eradication program, said "if we finish polio eradication, what it will prove is that with a relatively modest investment in the grand scheme of things, you can achieve real health outcomes.

Halo Effect

Success with polio eradication could have a halo effect on other important causes of morbidity and mortality at the global level, for example with the high burden of chronic diseases. As reported in the Atlantic, India's prime minister has stated

-Polio continues on page 7

"It won't be easy, but together we can eradicate polio forever and for everyone"

"India's success proves the technical feasibility of global polio eradication"

-Hopkins continued from page 6

epidemiology. What he concluded from his historical review is that new developments in epidemiologic methods are brought about by challenging health problems associated with changes in society. He illustrated the working of this theme by citing the example of the emergence of the bills of mortality in the 17th century in association with health challeges from the plague, the comparison of mortality rates from smallpox in the 18th century between inoculated and naturally infected persons, and of course the work of John Snow in the 19th century in addressing problems related to cholera. In the 20th century, problems associated with TB in the early years and with cancer and cardiovascular disease in the second half of the century were also the stimuli for new methodological developments.

"a country cannot continue indefinitely increasing its share of GDP devoted to health"

Morabia told the audience that if his hypothesis holds, then we can get a glimpse of the future developments in epidemiology by looking at the special challenges in health today. He cited the existence of complex diseases with no single cause and thus no single intervention. These necessitate more multidisciplinary work, lifecourse analytical approaches, and more global monitoring and surveillance of disease. He predicted that epidemiology would shift to being at the center of networks with huge datasets and working with other disciplines. This will require new skills and training for epidemiologists, according to Morabia.

"currently knowledge creation exceeds our ability to use it"

New Model for Research on Health Care

The last presentation by Stewart was different from the others since it did not focus on epidemiology per se but on research more generally and it generated the most interest during the question and answer period. Stewart's presentation was really anchored in the observation that as countries become wealthier, they spend more on health care and devote a greater share of their gross domestic product (GDP) on healthcare. It is obvious that a country cannot continue indefinitely increasing its share of GDP devoted to health, said Stewart. At some point, the increasing curve must start to bend, and the question which this raises is—what will be the nature of the end game? How will the curve bend?

A major focus of Stewart's talk was on the role of research in this health care situation. He noted that currently knowledge creation exceeds our ability to use it. He predicted that how we will generate knowledge in the future is changing. He noted that currently the model for knowledge generation is largely housed in academic medical centers which have an incredible wealth of information but this information is divorced from the health care delivery system. He described the R&D model for knowledge generation in business as a model in which translation of the knowledge generated is built into the model. He told the audience that the current delivery system cannot afford a model in which the research is disengaged from the actual business (healthcare) of the system. He noted that business markets behave differently from the health care

- Hopkins continued on page 7

- *Polio contined from page 5*

how success in polio has given his government the confidence to tackle other health issues, such as measles and malnutrition, and bolstered his plans to create new public health cadres to work for the prevention and control of disease. ■

- *Hopkins contined from page 6*

market in that their share of the GDP shrinks rather than grows over time because of the need to innovate and to provide products better, cheaper, and faster to survive. In health care, the share of the GDP has only increased unsustainably.

The model described by Stewart in his work at Geisinger is similar to a drug development model in which ideas move from early trials to more full scale implementation in a structured and sequential fashion. He closed by noting that there is now only a weak translation bridge between academic medical centers and the health care delivery system and that a stronger bridge was needed in order for these centers and the deliverers of care to transform care together. ■

-*Foege continued from page 3*

epidemiology community. Among the lessons cited by Foege were:

1) Good results are never an accident. "It requires someone formulating a future in their mind, defining that future with enough clarity for others to follow, and then the usual management steps of setting objectives, developing strategies, and monitoring progress. Good managers are the key to success.

2) Seek the truth even when it hurts. He added, "Corrections in the program can only come with knowing the truth.

3) Every activity requires a coalition. He added, "the real leaders in public health will never be defined by a title but rather by the ability to get a group to be productive in achieving an objective."

Other notable comments made in the interview include those on child health, global health, and public health as follows:

Child Health.

While the number of child deaths under the age of 5 has been reduced markedly in my lifetime, it is still disheartening that millions will still die this year of preventable problems. Each of those deaths is an indictment of a world more concerned with accumulating wealth and power than in providing better chances for all children.

But certainly the major threat to the health of children is poverty. We all benefit from poverty in the sense that the poor subsidize the cost of our food, clothes, housing and even computers. Poverty is the slavery of the 21st century and we need public health people to play a lead in correcting this devastating inequity that cheapens all of our gains,

- *Foege continues on page 8*

"Good results are never an accident"

" Seek the truth even when it hurts"

"Poverty is the slavery of the 21st century"

-Foege continued from page 7

Global Health

"It would be so much fun to be starting over in the field today!"

The interest in global health has mushroomed. Every school now has a large cadre of students interested in global health. When the history is finally written, I believe it will be clear that the tipping point for global health occurred in about the year 2000 because of Melinda and Bill Gates. Because of them, there are research, delivery and organizational approaches to global health that did not exist when I became interested. It would be so much fun to be starting over in the field today!

Advice For New Public Health Professionals

Public health requires every occupation and skill imaginable, so it is possible to follow a passion and still be involved in public health.

"attempt to be a generalist and specialist simultaneously"

Second, attempt to be a generalist and specialist simultaneously. A generalist to understand as much as possible about how the world works, what are the problems and solutions, and how do the various sectors of science, the humanities, government, business, religion, etc. interact. Then find what you enjoy, develop it and have a special skill to contribute now that you know how it contributes to the whole. Avoid the kind of blind specialization that precludes seeing where it fits into the whole.

Third, read history so it becomes clear this is a cause-and-effect world. Public health advances are not made by fatalists.

Finally, develop tenacity and an optimistic outlook. It doesn't mean that everything will always work out or that you won't suffer. But pessimism seems to be designed to force you to suffer before the fact! ■

Lester Breslow Dies at 97

Dr Lester Breslow, best known for his studies of behavior and its impact on health, died recently at age 97. Below are excerpts from his NY Times obituary.

Dr. Breslow's most lauded accomplishment was a study of 6,928 people in Alameda County, Calif., that examined their behavior over intervals of up to 20 years. It used quantitative analysis to prove that a 45-year-old with at least six of the seven healthy habits Dr. Breslow chose as important had a life expectancy 11 years longer than someone with three or fewer.

Over a 70-year career, Dr. Breslow helped expand the very definition of public health, from the historical concentration on communicable disease to a new concern with individual behavior and the effects of community and environment. As people lived longer and had more cancer and heart attacks, he was a leader in emphasizing the mounting importance of chronic disease.

"He changed the way we thought of public health," said Dr. Linda Rosenstock, the current dean of the Fielding School. His message, she said, was that "the root causes of our health problems are broader than our own biology." …it was the Alameda County study that rocked the public health world, because it proved with numbers that behavior indisputably affected longevity. Its recommendations: do not smoke; drink in moderation; sleep seven to eight hours; exercise at least moderately; eat regular meals; maintain a moderate weight; eat breakfast. –NY Times

Globe-Trotting Epidemiologist Michael Marmot Continues to Argue For Greater Equity For Better Health

UK epidemiologist Sir Michael Marmot is well-known in epidemiology circles for his work on social determinants of health and for his efforts to promote public health actions linked to those determinants. He was interviewed recently on radio in Australia and offered insights about his quest to achieve greater impact for the evidence on social determinants. Shortly afterwards, he he was in Edmonton Canada attending a conference organized by the Institute of Health Economics. Below are excerpts from the Australian interview with Richard Aedy and quotes from an article in the Edmonton Journal about this talk that will be of special interest to epidemiologists

Selected Excerpts From Australian Radio Interview

Aedy:…All of these factors, from diet and education through to status, are what's called social determinants. And the man who worked out what impact they have on health is Sir Michael Marmot of University College, London.

So how important are they?

Marmot: Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.

Aedy: Insofar as this relates to social environment, poverty say, it seems very intuitive. If you're poor you don't eat as well, you don't have access to the best health care or education.

But you have found that there's more to it. Not only does absolute disadvantage matter – relative disadvantage matters.

Marmot: Absolutely. And that's very important because the default position of social policy in certainly the English-speaking world is that we should focus on the worst off.

But what we've shown in study after study, in country after country, is that there's a social gradient. And by that I mean the lower you are in the hierarchy, the worse your health, the higher you are, the better your health.

So it's not just that people with no education have worse health. People with a bit of education are somewhat better, with a lot of education it's even better. And with even more education it's better still.

In Sweden, for example, people with PhDs have lower mortality than those with a masters degree. And people with a masters degree or a professional degree are not poor. In fact, those with professional degrees are richer than those with PhDs, and yet the PhDs have lower mortality than those with a professional degree.

So we're not dealing only with poverty, important as that is. We're dealing with a social gradient; relative inequalities.

-Marmot continues on page 10

"Not only does absolute disadvantage matter – relative disadvantage matters."

"people with PhDs have lower mortality than those with a masters degree"

-Marmot continued from page 9

Aedy: What is the mechanism? I mean, do we know what is happening inside our body?

"So I don't blame people for smoking when I see a social gradient in smoking"

Marmot: Now I think there are perhaps three ways to think about it. The first is exposure to environmental hazards. And they may be physical hazards, they may be biological hazards, so maybe pollution, maybe infections - and they tend to follow the social gradient.

The second is lifestyle, that your position in the hierarchy influences your behaviour. So I don't blame people for smoking when I see a social gradient in smoking. I say we need to understand why is it the lower you are in the hierarchy the more likely you are to smoke. So we need to address the causes of the causes.

And thirdly the most interesting organ - or what Woody Allen called the second most interesting organ - is the brain. And the brain is an important gateway by which the social environment impacts on people's health through the mind.

"the brain is an important gateway by which the social environment impacts on people's health through the mind"

There's good evidence that if people are disempowered - if they have little control over their lives, if they're socially isolated or unable to participate fully in society - then there are biological effects.

Aedy: You've said that health is a good marker of how society is going. So given the health of indigenous Australians, how is Australia going?

Marmot: What we see when we compare the health of indigenous Australians with non-indigenous Australians is marked inequalities. And that tells you something about Australia.

Australia is a very healthy country which goes along with the fact that it's very high on the Human Development Index: high wealth, good levels of education. So Australia ranks right up there, second or third on the Human Development Index.

And indigenous Australians, if you treated them as if they were a separate country, would rank probably about 100th or below 100.

So you've got this incredible inequality, which of course tells you that there are huge social and economic inequalities, that the differences between indigenous and not indigenous Australians can be easily attributed not to differences in their genes, but to differences in the conditions in which they're born, grow, live, work and age – in other words, to the social determinants of health.

Aedy: Mmm. That of course has been taken on by governments, especially in the last few years, with this idea of closing the gap in life expectancy. And there has been some progress, I think, not very much, but some in that. How can we do better?

Marmot: The first thing I would say is that solutions cooked up in Canberra, Sydney or Melbourne will fail, guaranteed. That we cannot decide what's best for a community several thousand kilometres away and expect that to work, with the best will in the world.

One of the things that we said in the WHO Commission on Social

- Marmot continued on page 11

-Marmot continued from page 10

Determinants of Health is that empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it.

Aedy: But politicians have to work in the here and now more than the future. We're constrained.

Marmot: I don't have to work in the here and now and my job is to produce the best evidence. If the politicians don't want to listen to it, then we live in a democracy, and they're politicians we elect and that's the way it is. But my job is to produce the best evidence and the best arguments based on that evidence.

Aedy: You have always been very careful not to be political. But it must be frustrating sometimes when you present evidence which an enormous amount of work has gone into obtaining, and the decision makers mostly don't do very much with it.

Marmot: Well, I think the aim of doing the kind of work I do and bringing the evidence to bear is to become part of the discourse. One does not see, or very rarely does one see a one-to-one link between a review of the evidence and policies to address it.

My experience of trying to influence policy makers, the first time I put evidence in front of them and they didn't do it I thought, this is terrible! How can they ignore the evidence?

Now I think my job is to continue to produce the evidence, to put it before them, to try and influence policy makers. But our elected politicians do what they judge is the right thing to do. And if we disagree then I'll show them the evidence of why I disagree.

Aedy: You are able to do that more and more now. I mean, you're very much the leader in this field. You're world-renowned, your research, and the tide is with you, if I could put it that way. But it wasn't always like that. I mean, you spent years really swimming upstream. I'm wondering, what sustained you in that time?

Marmot: Well, it's interesting. In Britain for eighteen years from the time Mrs Thatcher was elected 'til the time Tony Blair was elected, for eighteen years the government of the day said, 'we do not want to know about health inequalities'. So what I was doing was pure research. There were no applications of the research.

So what sustained me was the fun, I mean the sheer intellectual joy of doing research, which I did a lot of during that time, published lots of papers, got lots of research grants, talked to interesting colleagues. You know, the academic life is wonderful. That's why people love to do research. And I loved it, it was great.

And then the government changed. And from one day to the next yesterday's pure research became today's applied research. Suddenly they were asking: what if we took this seriously?

Some of the things that sustained

-Marnit continued on page 12

"empowerment of individuals and communities is absolutely central"

"I don't have to work in the here and now and my job is to produce the best evidence"

"I think the aim of doing the kind of work I do and bringing the evidence to bear is to become part of the discourse."

-Marmot continued from page 11

"we will not try and sweep health inequalities under the carpet"

me is that when I was commissioned - the Marmot Review in England - when I was commissioned to do that by a Labour government it was reasonable to speculate - and a lot of people did speculate - that we'd have the same experience as happened way back in 1979 when Mrs Thatcher got elected and said, I don't want to know anything about health inequalities, and suppressed what was called the Black Report on health inequalities. And people said Marmot would go the way of Black.

But my report did not. A Conservative led government said, we will not try and sweep health inequalities under the carpet. We'll try and address them. Now I'm somewhat critical of the degree to which they're doing it, but they didn't try and sweep it under the carpet.

" I was sustained by the sheer fun, joy of doing research"

So to come back to your question, I was sustained by the sheer fun, joy of doing research, the intellectual inquiry, and now the challenge of trying to formulate policy.

Selected Quotes From Edmonton Newspaper

"We don't do things because they're cheap. We do them because they're right."

"Social injustice is killing on a grand scale. Inequalities in power, money, and resourcesare the key drivers of inequities in health."

"Its social circumstances that determine health, not health that determines social circumstances…and its not just about the money. It has more to do with social position than money."

"We need to create conditions for people to take control of their lives."

"Focusing solely on the most disadvantaged will not be sufficient. A health system for the poor is a poor health system."

"Every minister is a health minister and every sector is a health sector. If we put fairness at the heart of all policies, health would improve." ■

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X		Job description or web link for online description
X		Job poster's name, email and phone
X		Full employer name
	X	Hiring contact name & phone
X		Hiring email address or web link for online applications
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	X	Minimum hiring requirements
X		Duration of listing
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Texas	Post-Doc Women's Repro Health	UTMB Health	abberens@utmb.edu
Texas	TT Asst Prof – Women's Health	UTMB Health	abberens@utmb.edu
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Wisconsin	Assoc Research Scientist	Marshfield Clinic	bach.bethany@marshfieldclinic.org
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Wash, DC	Staff Scientist – Nutrition Newsletter	Ctr for Science in Pub Interest -CSPI	hr@cspinet.org
Indiana	Prof & Chair Dept of Epidemiology	Indiana School of Public Health	clirot@indiana.edu
Maryland	Research Scientist – Cardio Dis	Kaiser Permanente	http://epimonitor.net/2012-1313.htm
Mass	Multiple Openings	DOPE – Harvard / B & W	http://epimonitor.net/2012-1314.htm
Iowa	Epidemiologist – Infectious Dis	Univ Iowa – College of Pub Health	michael-pentella@uiowa.edu
Texas	Epidemiologist II	Baylor Health Care System	James.Smyda@baylorhealth.edu
Georgia	Prof – Urban Health Research	GSU School of Public Health	publichealth@gsu.edu
N. Carolina	Multiple Faculty Openings	NC State University	http://epimonitor.net/2012-1308.htm
New York	Chair, Dept of Social & Prevent Med	Univ Buffalo - SPH	ahutson@buffalo.edu
New York	Post-Doc Research Trainee	North Shore – LIJ Hospital System	http://epimonitor.net/2012-1306.htm
New York	Assoc/Full Prof - Epi / Biostatistics	CUNY – Hunter SPH	http://epimonitor.net/2012-1305.htm
Maryland	Faculty – Outcomes Research	Johns Hopkins – Bloomberg SPH	emackenz@jhsph.edu
Maryland	Medical Officer – Epi / Biostat	FDA / HHS	CBER.Employment@fda.hhs.gov
New York	Researcher - Epidemiology	North Shore – LIJ Hospital System	www.nslijcareers.com
Mass	Epidemiologist / Toxicologist	Gradient Systems	apatterson@gradientcorp.com
Minnesorta	Prof – Cancer Epi & Prevention	Univ MN – Div of Epi - SPH	borg0130@umn.edu
Pennsylvania	Asst Prof – Reproductive Epi & Hlth	Univ Pittsburgh – Dept of Epi	http://epimonitor.net/2012-1299.htm
Texas	Faculty – Epi & Behavioral Hlth	Univ Texas – School of Public Health	Raul.Caetano@uth.tmc.edu
Maryland	Epidemiologist – Opthomogist	Johns Hopkins Schl of Medicine	rwhite58@jhmi.edu
California	Data Consultant – SAS - Epi	Kaiser Permanente – Div of Rsch	jennifer.dejoya@KP.org
Maryland	Nutrition Epi Service Fellow	National Ctr for Health Statistics	RHirsch@cdc.gov

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Epidemiology Job Bank

Note: Jobs with a number in parentheses after the position name indicates multiple openings.

Location	Position	Employer	Contact
Maryland	Svc Fellow – Chronic Dis Epi	National Ctr for Health Statistics	RPaulose@cdc.gov
California	Pediatric/Perinatal Epi	UC San Diego – Dept of Pediatrics	jgoff@ucsd.edu
Texas	Tenure Track Biostatistician	Univ of Texas Health	sphbiostatistics@uth.tmc.edu
Florida	Post-Doc Research Fellow	H. Lee Moffitt Cancer Center	Nancy.Paradise@moffitt.org
Washington	Asst Prof – Global Healh Econ	Inst. For Helath Metrics & Eval	sharam@uw.edu
Texas	Mgr IV – Epi Response Team	TX Dept of Health Services	gale.morrow@dshs.state.tx.us
Maryland	Asst. Commis – Bureau Clinical Svc	Baltimore City Health Department	Evelyn.Rodriguez@baltimorecity.gov
Virginia	Human Svc Mgr Field - Epi	Prince William Health District	alison.ansher@vdh.virginia.gov
Illinois	Sr. Director – Epidemiology	Randstad USA (search firm)	phil.schneider@randstadusa.com
Maryland	Sr. Statistician	HCD International	wqin@hcdi.com
Florida	Health Med Exec Dir – Acute Dis	Florida Department of Health	Mary_Hilton@doh.state.fl.us
Maryland	Health Systems Research Scientist	Kaiser Permanente	stephen.r.king@kp.org
Texas	Head – Div of Epidemiology	UT Southwestern Medical Ctr	Celette.Skinner@UTSouthwestern.edu
N. Carolina	Public Health – Epidemiologist II	NC Division of Public Health	sheila.higgins@dhhs.nc.gov
Texas	Program Evaluator – Pgm Spec IV	TX Dept of Health Services	julie.prien@dshs.state.tx.us
Alabama	Post-Doc Genetic Epidemiology	Univ Alabama - Birmingham	baissani@uab.edu
N. Carolina	Environmental Epidemiologist	NC State University	rcsmart@ncsu.edu
Maryland	Post-Doc Fellow	Ntl Inst of Child Health – Epi Branch	kielym@nih.gov
Nebraska	Faculty – MPH Program (2)	Creighton University	deesledge@creighton.edu
Minnesota	TT Faculty – Tobacco Prevention	University of Minnesota	kane@umn.edu
Washington	Assistant Professor	University of Washington	kane@umn.edu
Washington	Asst Prof – Global Health Eval	IHME	sharam@uw.edu
Texas	Senior Epidemiologist	Wylie Science – Tech & Engr Group	recruiting@wylehou.com
Texas	Epidemiologist II	TX Department of State Health Svc	recruiting@wylehou.com
Florida	Mgr – Chronic Dis Epi	Florida Department of Health	recruiting@wylehou.com
Mass	Lead Biostatistician	CORRONA, Inc.	recruiting@wylehou.com
Iowa	Data Analyst / Statistician	Dept. of Veterans Affairs	recruiting@wylehou.com
Ohio	Post-Doc Research Assoc	Univ of Cincinnati College of Med	aimin.chen@uc.edu
Mass	Post-Doc Assoc Epidemiology	UMASS Amherst – SPH	shankinson@schoolph.umass.edu
California	Assoc / Full Prof – Epidemiology	UC Irvine – School of Medicine	http://epimonitor.net/2011-1279.htm
Pennsylvania	Rsch Dir – Child Dev & Dental Care	U PENN – School of Dental Medicine	dtgraves@dental.upenn.edu
Mass	Post-Doc Rsch / Prostate Cancer	Harvard SPH – Dept of Epidemiology	dhavelic@hsph.harvard.edu
Utah	State Epidemiologist	Utah Department of Health	dhavelic@hsph.harvard.edu

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2012 American College of Epidemiology (ACE) Annual Meeting

Chicago InterContinental Hotel, IL • September 9-11, 2012

Pre-meeting workshops: September 8-9 • ACE annual meeting September 10-11
Post-meeting workshops September 11

Early registration deadline August 17

"Accelerating the Use of Epidemiologic Findings for Population Benefits"

Educational Workshops Include: Bayesian Analysis (Sander Greenland), Creativity and Innovation in Epi Research (Peter Taylor), Update on NCHS Datasets (Jennifer Madans), Causal Inference (David Mackinnon and Tyler VanderWeele), Ethics in Epidemiology, Electronic Health Datasets, Grant Proposal Process and Preparation, and Communicating Epidemiologic Findings

Distinguished Speakers Include: Steven Goodman (PCORI), Gerald Dal Pan (FDA), Naomi Aronson (Blue Cross / Blue Shield), Muin Khoury (CDC), Allen Wilcox (NIH), Richard Rothenberg (GSU), plus others

Detailed Agenda and Registration Information Available at:
http://acepidemiology.org/

University of Pittsburgh

ASSISTANT PROFESSOR

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

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

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

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

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

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CHAIR

DEPARTMENT OF SOCIAL AND PREVENTIVE MEDICINE (EPIDEMIOLOGY)

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The candidate will strengthen existing research areas or bring new domains of inquiry to our faculty, whose interests include cancer, cardiovascular disease, osteoporosis, periodontal disease, eye disease, environmental health, infectious disease, women's health, genetics, nutrition, and global health. We seek to grow our PhD, MS, and MPH programs in Epidemiology, and our MPH program in Environmental Health, to foster future epidemiologists and to serve the public health needs of our region and the nation.

The candidate will have a doctoral degree in epidemiology, medicine, public health, or a closely related field, and be at the rank of full professor, or associate professor appointable to full with tenure. The confidential online application can be found at **www.ubjobs.buffalo.edu**. Inquiries may be sent to the search committee chairs: **Drs. Alan Hutson** (**ahutson@buffalo.edu**) or **Gary Giovino** (**ggiovino@buffalo.edu**).

The University at Buffalo is a world-class research institution and the most comprehensive of the campuses of the State University of New York (SUNY). Other Schools in our Academic Health Center as well as Roswell Park Cancer Institute and others provide a fertile environment for collaborative research.

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University at Buffalo
The State University of New York

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utmb Health

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

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

Abbey Berenson, MD, MMS, PhD
The University of Texas Medical Branch
301 University Blvd. Galveston, Tx 77555-0587
abberens@utmb.edu

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Applicants should send a letter indicating their interest accompanied by a curriculum vitae to: Roberd M. Bostick, MD, MPH, Professor, Department of Epidemiology, Rollins School of Public Health, Emory University, 1518 Clifton Road, N.E., Atlanta, GA 30322 USA, or email to: rmbosti@emory.edu. Please include the applicable Job Vacancy # in your cover letter: Assistant Professor, 27651BR; Associate Professor, 27650BR; or Professor, 27649BR. Screening of applications will begin immediately, and continue until the positions are filled. Starting dates are negotiable. Applications will be considered confidential and references will not be contacted without the permission of applicants.

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Please visit:
http://tinyurl.com/6umootf

EOE, M/F/D/V

CENTER FOR Science IN THE Public Interest

The nonprofit publisher of Nutrition Action Healthletter

Staff Scientist

The Center for Science in the Public Interest (CSPI) is a non-profit health-advocacy group based in Washington, D.C., that focuses on nutrition and food safety. CSPI publishes *Nutrition Action Healthletter*, the nation's largest-circulation nutrition newsletter. CSPI provides valuable, objective information to the public; represents citizens' interests before legislative, regulatory, and judicial bodies; and ensures that advances in science are used for the public's good. CSPI is supported largely by the 850,000 U.S. and Canadian subscribers to its *Nutrition Action Healthletter* and by foundation grants

The Staff Scientist identifies critical issues concerning diet and health, evaluates studies, writes articles for *Nutrition Action Healthletter* (NAH), and participates in efforts to influence government and corporate activities. This position reports to the Director of Nutrition.
More Info: **http://tinyurl.com/82gtoeh**

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More information and contact details:
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Opportunities This Month

16 – ACE / 2012 Annual Meeting
16 – U PITT / Asst Prof - Epidemiology
17 - U Buffalo / Chair Dept of Epi
17 - UTMB / TT Asst Prof – Woman's Health
18 – IS Global / Master in Public Health
18 – Emory / Faculty Cancer Epi
18 - NAS / Biotatiscians – Radiation Rsch
18 – CSPI / Staff Scientist
19 - Erasmus/ Summer Epi Program
20 – UWASH / Summer Inst in Biostatistics
20 – UC Irvine / Assoc or Full Prof - Tenured

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