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

Special Session At The American College of Epidemiology Meeting Examines Real World Examples Of The Process Of Translating Data Into Policy

Goal Is To Enhance The Use of Epidemiologic Evidence In Policy Making

A special session of the American College of Epidemiology (ACE) meeting in Silver Spring Maryland this fall presented reports from epidemiologists who analyzed the processes by which data were synthesized and policy recommendations made in four topic areas. The original work was commissioned for an ACE sponsored workshop held in April 2009 at Washington University in St Louis. The goal of the workshop was to identify the successful elements of the processes and then to develop a framework which might guide epidemiologists in future efforts to translate data into action.

The four case studies analyzed were those related to **1)** a smoke-free environment, **2)** blood alcohol content laws, **3)** physical activity and obesity, and **4)** the decision process around disability compensation for veterans.

This issue of the Epidemiology Monitor contains multiple articles describing the case studies based on the reports at ACE, on the presentations at the workshop, or on draft manuscripts being prepared for publication. Also, we report on an overview presentation of common themes emerging from the case studies given by NCI's Patricia Hartge who moderated the session at the ACE meeting. It is expected that the case studies will appear in a future issue of the Annals of Epidemiology, the official journal of the American College of Epidemiology. ■

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In This Issue:

- 2 -
Second Hand Smoke Policy Bans

- 3 -
How Epidemiologic Data is Translated into Policy

- 5 -
Blood Alcohol Content Laws Used As Case Study

- 7 -
Physical Activity and Obesity is Analyzed

- 9 -
Translation of Epidemiologic Data into Action

Personal Risk Estimates for Cancer

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SEPTEMBER/OCTOBER 2009

VOLUME THIRTY

NUMBER NINE/TEN

Speaker At ACE Describes Lessons Learned In Translating Findings On Second Hand Smoke Into Policy Bans On Indoor Smoking In Public Places

"Second hand smoke is a great example of science driving policy AND of science NOT driving policy."

Second hand smoke is a great example of science driving policy AND of science NOT driving policy. This paradoxical statement was made by Rachel Widome, Assistant Professor in the University of Minnesota's Center for Chronic Desease Outcomes Research speaking in a special session at the American College of Epidemiology meeting in September. The purpose of the session was to report on a workshop sponsored last March by ACE to discuss and present case studies of successful translation of epidemiology to policy.

At the ACE meeting, Widome explained her paradoxical statement by saying that secondhand smoke is a great example of science driving policy because a very high percentage of Americans now live in areas with smoking bans in public places, including bars and restaurants. On the other hand, and taking stock of how long the data on the health effects of secondhand smoke have been available, one could argue that data were slow to drive policy.

Streams

There have been three streams of evidence critical to establishing the case for control measures against second hand smoke. The first has been showing a causal relationship between passive smoking and disease. The second has been the need to prove that policy interventions actually succeed in decreasing morbidity and/or mortality. Finally, advocates for bans on indoor smoking in public places have had to establish that there are not excessive economic harms caused to businesses from bans on smoking in bars and restaurants.

Community Studies

According to Widome, this latter requirement for data may come as a surprise to some epidemiologists, but it appears that individual communities believe they are unique and that the findings from studies in other areas may not apply to them. She cited the example of Minnesota where businesses speculated that they would be harmed by smoking bans because the cold weather in Minnesota makes it more unlikely that people will go outside to smoke when they want to whereas this might be a lot easier in southern states. While this research may seem "boring" to some epidemiologists because the questions have already been studied in other populations, the fact is that these "community-specific" studies can be "remarkably effective" in bringing about policy changes.

History

In terms of the delay associated with findings on secondhand smoke, Widome cited concerns about secondhand smoke expressed in the literature as early as 1931. Subsequent to that, a major achievement was the inclusion of a chapter on "Public Exposure to Air Pollution from Tobacco Smoke" as part of the 1972 Surgeon General's Report on the Health Consequences of Smoking. The first smoking restrictions in public places were passed in Arizona in 1973 prohibiting smoking in such places as elevators, libraries, indoor theaters, concert halls, and buses. Later in 1975, Minnesota enacted the first law to

- Smoking Bans in Public Places ,con't from page 4

The Epidemiology Monitor ISSN (0744-0898) is published monthly (except August) by Roger Bernier, MPH, PhD at 2560 Whisper Wind Court, Roswell, GA 30076.USA. Second-class postage paid at Roswell, GA 30076 USA

Subscription Information:
2009 Rates - One year (11 issues)
Institutional Rate: $80
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(with photocopy of student ID)
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Veterans Administration Decision Making Is Subject Of Case Study On How Epidemiologic Data Are Translated Into Policy

Epidemiologists seeking to better understand how policy decisions are made in the face of epidemiologic findings have used the example of the Veterans Administration's and its decisions about compensation for injuries received in the course of military service to further clarify the process. And it appears that the lessons learned so far are sobering.

According to Allen Wilcox of the National Institute of Environmental Health Sciences who spoke at the recent American College of Epidemiology meeting, the Veterans Administration has its own way of using data. Administrative and political concerns are present in addition to scientific ones, and the VA is not clear on how they put these elements together.

Speaking from experience gleaned while serving on an IOM Committee chaired by Jonathan Samet which sought to understand how the VA decides which disabilities are presumed to be service related, Wilcox said, "the VA is not transparent and they would not tell us how they make these decisions." As a result, he said, scientific data and scientists, and even science itself, can appear capricious and malleable.

On the positive side, Wilcox added that while epidemiology is just one discipline contributing to health policy, epidemiologists are among the most influential because they have relevant human data and epidemiologists look at the big picture to integrate results from all relevant disciplines.

To make his case that scientific advice has been only one element in VA decisions about what is presumed to be military service related, Wilcox cited radiation and leukemia where evidence is strong, dioxin and prostate cancer where the evidence is weak, and multiple sclerosis within 7 years where the scientific evidence is absent. The problem arises, according to Wilcox, when the same level of scientific evidence nevertheless results in different compensation decisions. Inconsistency fuels perceptions of unfairness.

"And it appears that the lessons learned so far are sobering."

To rectify this situation, the IOM committee made several recommendations in 2007. Among the recommendations were:

1) The evidence for causation should be the basis for all decisions on what is presumed to be a service related disability.

2) All relevant data from different disciplines should be included in the review.

"...science itself, can appear capricious and malleable."

3) An association will be judged "causal" if the evidence in support of causation is at least as strong as evidence for the alternatives.

4) When an association is rated as causal, the attributable fraction should be calculated among exposed veterans.

5) The process should be open and transparent.

6) There should be a way to track exposures of military personnel, the creation of registries, and funds for research on the health of exposed veterans.

- Vet Admin Decision, continues on page 6

- Smoking Bans in Public Places , con't from page 2

require either separate smoking areas or no smoking in most public places including restaurants. The 1986 Surgeon General's Report was specifically addressed to The Health Consequences of Involuntary Smoking and concluded that secondhand smoke exposure is a cause of disease in nonsmokers (lung cancer among nonsmoking adults and respiratory problems among children).

"...the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke."

Perhaps the greatest landmark achievement was the conclusion of a 1992 EPA Report stating that "the widespread exposure to ETS in the United States persents a serious and substantial public health impact." Finally, the 2006 Surgeon General's Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke" found that "passive smoke exposure is a cause of cardiovascular disease, cancer, and respiratory disease…non smokers who are exposed to passive smoke at home/work increase their risk of developing heart disease by 25-30% and lung cancer by 20-30%...the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke."

"These can cause investigators to feel personally threatened..."

Lessons

One of the lessons learned in dealing with the secondhand smoke issue according to Widome is that the training of epidemiologists ill-prepares them for some of the hostilities they may confront in pursuing research on controversial topics. She cited the example of a colleague who received "nastygrams" from aroused citizens opposed to bans on indoor smoking. In another example, a citizen wrote to the head of the university complaining that the investigator of secondhand smoke was doing unethical research. These can cause investigators to feel personally threatened and more preparation during the training years of what to expect in the real world of scientific investigation of hot button issues would be valuable, according to Widome.

A final point emphasized by Widome is one first made in a presentation at the ACE workshop in April. Andrew Hyland from Roswell Park Cancer Institute stated as one of his lessons learned in doing research on secondhand smoke in New York that the best policy research questions come out of the policy debates, not from the minds of epidemiologists. Hyland also noted that the best questions to answer might fall out of the comfort zone of epidemiologists.

Widome told the Epi Monitor that it is also a challenge for epidemiologists not to become too much of a fan for the policies which they feel are called for on the basis of their findings. One must endeavor to stay unbiased and still do great science, she said. ■

Experience With Blood Alcohol Content Laws Used As A Case Study In Moving Towards A "Research To Policy Framework"

In what appears to be the most elaborate set of lessons learned in translating data about an intervention into policy, attendees at the recent ACE meeting in September 2009 heard about the challenges faced and overcome in passing more stringent blood alcohol content laws. Shawna Mercer, CDC epidemiologist working on the Community Guide to Preventive Services, recounted the history of how the law was passed requiring states to lower their blood alcohol content (BAC) from 0.10% to 0.08% and saving an estimated 500 lives per year. Despite opposition and government reports to the contrary, the Task Force on Community Preventive Services, an independent group, reviewed the data and recommended 0.08% BAC laws based on strong evidence of their effectiveness in reducing alcohol-related motor vehicle crash fatalities. Based on that recommendation and the experience afterwards, Mercer detailed several important lessons learned.

Lessons

First, she told ACE attendees it is key to be addressing an important health problem, one that has a strong scientific basis, and where the problem and solution is easily understood by policy makers. Further, she said it was important to have an intervention that is enforceable and is necessary even if not sufficient to eradicate the problem. Also, being able to measure the ultimate outcome is important. Traffic injuries cause 42,000 deaths per year and 500,000 hospitalizations at a cost of $150 billion annually. Over a third of all deaths are due to alcohol impaired driving which costs society $45 billion. And at 0.08% BAC a person is 11 times more likely to be involved in a crash than someone who has had nothing to drink. Setting a lower limit on blood alcohol content was easy to grasp as a feasible means of preventing deaths.

"... it is key to be addressing an important health problem..."

Review Process

The next important set of lessons from Mercer's perspective were those surrounding the process for reviewing the evidence. The Task Force on Community Preventive Services with a reputation for impartiality and independence was used and it benefited also from the credibility of CDC as its convener. Multiple stakeholders were involved and collaborated in the review and the process was transparent to all parties.

In fact, Mercer went on to describe the process as one of partnership between government, professional, and advocacy groups and she said that an extended network of persons were ready to support the recommendations once information was provided to policy makers.

"And at 0.08% BAC a person is 11 times more likely to be involved in a crash than someone who has had nothing to drink."

Incentives

Another set of lessons surrounded the incentives for implementing the intervention. There were incentives at the federal level (highway funds) that could be withheld as a way of encouraging passage of state laws lowering the BAC level. Also, these laws were seen as easy to enforce and there were many officials available locally such as police and traffic safety professionals who could encourage adherence.

- BAC Content Laws, continues on page 6

- Vet Admin Decision, con't from page 3

Wilcox reported that the VA has not done anything with these recommendations so far, primarily because there is the view that association and not causation should be the basis for making decisions. This reality established one of the lessons learned from the case study that policy changes in this arena do not come easily. He reiterated his call for the VA to be explicit about the level of evidence required for policy makers to make presumptions of disability. Once there is agreement on what that level of evidence should be, then epidemiologists could say whether or not that agreed-upon level has been reached. Such an approach would put more of the work in the hands of scientists. If other considerations come into play and override the science, then the VA should be explicit about this and not say the decision is because of the science. Wilcox stated that in this fashion the evidence could be shielded from perceptions of being arbitrary.

"...there is the view that association and not causation should be the basis for making decisions."

The existence of a process or framework at the VA which includes Congress and the IOM in making decisions about disability gave epidemiologists an opportunity to assess the decision making process and to offer ways in which the process could be improved. In this way, epidemiologists are learning how data are translated into policy and making suggestions for how to improve the process. From the VA experience, greater reliance on causation rather than association, and classification of the strength of the evidence have been envisaged as key ways of enhancing the use of data in policy making. ■

"Timing was also highlighted as a factor in successful translation..."

- BAC Content Laws, con't from page 5

Communication

A fourth set of lessons learned in effectively translating data into policy revolved around the type of communication with policy makers. According to Mercer, letters from Task Force members to policy makers were used. They were short and to the point, included scientific findings and recommendations, and summarized data in a compelling graphic.

Timing

Timing was also highlighted as a factor in successful translation, according to Mercer. She noted how there had been a long term awareness of the problem in Congress, and previous activities had taken place in different agencies. Persons with data need to maintain readiness to present their data when there is an opening in the "policy window" or when a "teachable moment" occurs such as when concern about drunk driving for whatever reasons rises in the minds of policy makers and the public.

Finally, Mercer addressed the need for sustaining policy and said that continued surveillance is important to keep the data current as is the continued personal commitment of champions who are important for securing "institutional memory". ■

Physical Activity and Obesity Policy Is Analyzed For Lessons Learned

Rounding out the series of four cases studies selected for analysis by the ACE in developing a framework for epidemiologists translating data into action, Ross Brownson, Washington University epidemiologist, led the discussion at the ACE workshop in April 2009 on physical activity and obesity. This example was not described at the ACE meeting itself, but has been used as the basis for a manuscript to appear in the Annals of Epidemiology entitled "Case Study: Preventing Childhood Obesity through Physical Activity Policy."

Burden

The nature of the problem or burden related to physical activity and obesity is large. Some 23% of adults are completely sedentary and over 50% do not achieve the recommendations for activity levels, according to Brownson. Consequently, obesity, cardiovascular disease, cancer, and diabetes are elevated and over 200,000 deaths annually can be attributed to lack of activity. Medical costs exceed $76 billion annually and Brownson said that small increases in activity levels could prevent 30-35,000 deaths annually.

As with blood alcohol content, the process used to get action on physical activity has been to conduct a systematic review of the evidence using the Community Guide to Preventive Services model and producing recommendations by the Task Force on Community Preventive Services (www.thecommunityguide.org). The specific intervention evaluated by the guide was school based physical education. The elements evaluated were the time spent in PE, the type of activities, the facilities and environment, and the certification status of teachers. The review found that school based PE was associated with an 8.4% median increase in aerobic capacity among students. Overall, the review concluded that the evidence is strong for school based programs causing an increase in physical activity among school children.

"Some 23% of adults are completely sedentary and over 50% do not achieve the recommendations for activity levels..."

To evaluate the policy process, Brownson described the status of school based PE in Texas where a law was passed in May 2001 requiring PE. It was adopted by 1,241 schools some two years later. Among the lessons learned by these analysts of physical activity policy are the following:

Lessons

1. Researchers need to give increased attention to assessing the external validity of their findings and not only the internal validity. How to adapt, implement, and sustain a particular intervention are worthy of more work.

"Researchers should make greater use of 'natural experiments'"

2. Researchers should make greater use of "natural experiments" to collect valuable data for policy. When policies are put in place, the need to evaluate them can serve to bring about more research on the intervention.

3. To succeed in policy adoption, researchers need to to understand the factors that influence policy dissemination. New policies are akin to new innovations. The characteristics associated with the successful diffusion

- Obesity Policy Analyzed, continues on page 11

Cross-Cutting Themes Emerge From Case Studies On the Translation of Epidemiologic Data Into Action

" ...the methods for evaluating epidemiologic evidence and incorporating such evidence into policy making are not well established..."

A presentation on cross-cutting themes emerging from the presentation of four case studies on translating epidemiologic data into action was given by NCI's Patricia Hartge at the recent meeting of the American College of Epidemiology. The goal of the ACE in analyzing four case studies has been to enhance the use of epidemiological evidence in policy arenas.

The organizers of the workshop were cognizant of an interesting discrepancy. While the reliance on epidemiologic evidence for making regulatory and policy decisions has been increasing, the methods for evaluating epidemiologic evidence and incorporating such evidence into policy making are not well established, according to ACE. The ACE has been seeking to discover and hammer out a general framework from which epidemiologists could operate in applying their data.

"Epidemiologists should recognize that they can be the most influential members of a transdisciplinary team..."

While a fully developed framework was not presented at the ACE meeting, Hartge was able to describe some commonalities across all studies.

One of these themes was the need to start with the big picture in mind and to consider the risks and benefits of action as well as inaction. Many of the successful examples of policy action had good information about the burden of disease that was being placed on society by the failure to achieve greater disease control or prevention.

Another theme to emerge was the importance of being ready with data once the opportunity or "policy window" opens up. This is often not in the control of investigators, but a crisis or other situation can make the time ripe for epidemiologic data to get a full hearing if it is ready to go.

A third theme was for epidemiologists to understand the context in which policy will be made. According to Hartge, there are cycles in making policy, and epidemiologists must grasp whether or not epidemiologic data can help or not.

Perhaps one of the most notable themes to emerge was the one showing the importance of transdisciplinary teams in bringing about the desired polcies. Hartge stated that the "science of team science" is emerging but we need to understand this phenomenon even more.

Role

Related to the need for transdisciplinary teams is the need for a clear understanding of the role of epidemiologists. Epidemiologists should recognize that they can be the most influential members of a transdisciplinary team because they possess data on humans and their habit of integrating data from multiple sources gives them an edge up on other scientists not so accustomed to integrating data in this fashion to assess causality.

- Data Into Action, continues on page 12

ACE Presenter Proposes Reliance on Personal Risk Estimates Rather Than General Algorithms For Making Screening and Treatment Decisions For Preventing Cervical Cancer

Speaker Suggests That Such Estimates Are Likely To Govern Future Decisions About Other Cancers As Well

Call it an embarrassment of riches or the "cervical cancer prevention revolution". Either way, an abundance of data and new technologies is making outdated and impractical the current use of clinical management algorithms to make screening and treatment decisions for cervical cancer prevention. A new approach based on a more explicit estimate of individual risk is needed, according to National Cancer Institute statistician Hormuzd Katki.

Speaking at the September meeting of the American College of Epidemiology in Silver Spring Maryland, Katki told attendees that large quantities of data, including 5 year follow up data on 400,000 women at Kaiser Permanente receiving both pap smears and tests for Human Papillomavirus (HPV), are making it possible to estimate an individual woman's actual risk of developing a precancerous lesion within a given time period. Elements currently being used to develop this "personalized risk tool" include a woman's age, current clinical test results, and in a future version of the tool, past clinical test results and HPV vaccination status.

Personalized Risk Estimates

The reliance on personalized risk estimates would have the advantage of providing a single number which summarizes the results of all of the previous combination of tests. As it stands now, women are categorized into different arms of the algorithm tree based on consensus guidelines about how a woman's testing history places her in one category or another.

According to Katki, with more tests becoming available, not only for HPV status but for which type of HPV, HPV RNA tests for whether the virus is replicating, and for a specific protein correlated with active malignancy, more combinations of results are possible and the more difficult it may be for expert panels to reach consensus on how to categorize individuals. Also, the more complicated and unwieldy it may be for clinicians to use those algorithms. A simpler though no less accurate decision aid is needed.

" ...making it possible to estimate an individual woman's actual risk of developing a precancerous lesion within a given time period."

Risk Bands

The current approach embodies both the use of risk estimates and expert opinion in determining how to proceed when the risk is uncertain and judgment is needed. Using the new approach, risk bands would be created and a woman would be categorized in one or another band depending on the actual risk estimate between one or less than one and up to a hundred percent or less. Each band would entail a recommended course of action.

"A simpler though no less accurate decision aid is needed."

Management of Risk

According to Katki, the use of risk estimates frees decision makers to focus on the benefits, adverse events, and costs of different management

- Cervical Cancer Talk, continues on page 10

- Cervical Cancer Talk, cont. from page 9

strategies. It would separate the risk from the subsequent decision on how to manage that risk. It also would allow a woman to judge for herself, given her actual risk level, whether or not the recommended course of action is something she is comfortable with. Presumably, individuals could choose to do more or less than what is recommended depending on their personal level of tolerance for risk.

"...individuals could choose to do more or less than what is recommended..."

Women less tolerant of risk could add more tests or test earlier or more frequently while women more tolerant of risk could decrease the number or frequency or type of tests. Regardless of management strategy taken, the actual risk itself would be known at a particular point in time with confidence intervals to gauge the degree of uncertainty.

For example, one possible spectrum of risk estimates with example actions is presented below from the talk given at ACE.

"Cervical cancer prevention via risk estimation will be the paradigm for the rational, effective, and cost-effective way to prevent cancer."

Risk Spectrum

•<1% Return for screening in 5 years

•1-10% Obtain additional diagnostic testing

•10-30% Obtain colposcopy

•>30% With no desire for fertility: immediate Rx

•30-60% With desire for fertility: colposcopy +6 month return

•>60% Immediate Rx

Essential Characteristics

According to Katki, the personalized risk tool approach is possible for cervical cancer because it possesses three characteristics. No other cancers fulfill these criteria now, however, others are coming closer to meeting them. The three characteristics are that **1)** the necessary cause of cervical cancer (HPV) is known and can be tested for, **2)** there is a well-defined precancerous lesion (Cervical Intraepithelial Neoplasia Grade 3 or worse), and **3)** the target organ can be readily accessed for screening and treatment. A fourth requirement is the possession of the necessary follow up data with all of the tests which permit the risk estimates to be derived for different subgroups of women. As more data become available it may be possible to assess not only the feasibility and practicality of using the current algorithm approach versus the risk estimate approach. but to determine also their comparative efficacy, safety, and cost-effectiveness.

According to Katki, "as we fulfill the above three criteria for other cancers, they will one day too be ready for large scale prevention programs. Cervical cancer prevention via risk estimation will be the paradigm for the rational, effective, and cost-effective way to prevent cancer."

To read more about this approach, see the November 2009 issue of Lancet Oncology "*Risk estimation for the next generation of prevention programmes for cervical cancer*." ■

- *Obesity Policy Analyzed, con't from page 7*

of new innovations may be relevant for the successful adoption and dissemination of new policies.

4. Understanding the real world constraints on policy implementation can also yield rewards. In the case of school based PE, some principals are so pressured to show results on standardized tests as part of the No Child Left Behind Act that they are unreceptive to demands to increase time for PE. In such a case, showing the impact of good health on academic performance could help overcome this resistance.

5. The chances of policy success are increased when a transdisciplinary team of advocates work together. Within such a team, epidemiologists can contribute by conducting needs assessments, identifying effective interventions, and tracking progress in meeting objectives. ■

"Understanding the real world constraints on policy implementation can also yield rewards."

"The chances of policy success are increased when a transdisciplinary team of advocates work together. "

- Data Into Action, con't from page 8

These lessons learned have implications for the training of epidemiologists according to Hartge, including education about where epidemiologists fit in the cast of characters involved in the policy process, and in developing and conveying communication models to help frame issues for policy makers.

Years ago it was common to hear questions about why anyone doing a study with a clinician and a statistician would want an epidemiologist involved. What was the value added of having an epidemiologist? Today that question seems to resonate less loudly as the need for big or even full picture thinkers increases and the integrative and problem-solving mindset of epidemiologists seems to be in greater demand. ■

"...the integrative and problem-solving mindset of epidemiologists seems to be in greater demand."

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GA	Statesboro	GSU	Epi Faculty	Doctorate	Stuart Tedders	912/478-2674	stedders@georgiasouthern.edu	oao 09/13/09
HI	Honolulu	Univ of HI CRCH	PostDoc Fellow - Cancer	Phd,DrPH,ScD,MD	Karin Koga	808/441-7704	kkoga@crch.hawaii.edu	oao 09/24/09
•IL	Chicago	City of Chicago	Epidemiologist II	Bachelors	Stephanie Finney	*312/744-7510	stephanie.finney@cityofchicago.org	oao 09/16/09
•IL	Chicago	University of Chicago	Postdoctoral Positions	doctoral/masters epi	Brian Chiu	773/834-7156	epijobs@health.bsd.uchicago.edu	oao 10/16/09
MA	Boston	Harvard Medical School	Postdoctoral Fellow	Doc in Epi field	Jiali Han	*617/525-2008	nhhan@channing.harvard.edu	oao 09/24/09
MA	Boston	Harvard PH	Pre/Post Doc-Nutri Epi	Ms,MD,DS,PHD	Meir Stampfer	617/525-2747	stampfer@hsph.harvard.edu	oao 10/08/09
MA	Boston	Harvard School of PH	Epidemiologist	Doc-epi	Meir Stampfer		stampfer@hsph.harvard.edu	oao 10/08/09
MA	Boston	Harvard School of PH	Pre/Post Doc -Cancer Epi	MD,DVM,PhD	Meir Stampfer		stampfer@hsph.harvard.edu	oao 10/08/09
MA	Worcester	UMASS	Asst/Assoc Prof	MD/PHD	Robert Goldberg	508/856-3991	robert.goldberg@umassmed.edu	oao 08/13/09
MD	Bethesda	NIH	PD Fellow	PHD,MD+MPH	Jack Guralnik	301/496-1176	jack.guralnik@nih.gov	oao 03/11/09
MD	Bethesda	Uniformed Univesity	Ass't Prof-Epi	PHD/DrPH	Elvira David	*301/295-1854	edavid@usuhs.mil	oao 07/09/09
*MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 09/24/09
•MD	Rockville	FDA	Med Officr/Epi	Md, MPH	Lucienne Nelson	*301/827-5571	lucienne.nelson@fda.hhs.gov	oao 09/16/09
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 09/24/09
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	301/827-6089	robert.wise@fda.hhs.gov	oao 09/24/09
MD	Rockville	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 09/25/09
MD	Rockville	Westat	Epidemiologist	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 09/25/09
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 09/25/09
MD	Rockville	Westat	Study Mgr	Masters	R. Carow	*301/294-2092	hrhs@westat.com	oao 09/25/09
ME	Augusta	ME DHHS	State Epi	MD/DO	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 10/09/09
•MN	Minneapolis	MN VA Ctr	Assoc. Director	MD,PHD,DRPH	Jill Mahal-Lichty	*612/727-5699	jill.mahal-lichty@va.gov	oao 09/16/09
MN	Minneapolis	Univ. of Minn	Ped Epi Prg	MS/PHD	Julie Ross		rossx014@umn.edu	oao 09/24/09
MN	Minneapolis	Univ. of MN	PD Fellow	MD/PHD	Aaron Folsom	*612/624-0315	folso001@umn.edu	oao 10/01/09
MO	St. Louis	SLU PH	Ass't/Assoc Prof	PHD	Terry Leet	*314/977-3234	leettl@slu.edu	oao 10/01/09
NC	Durham	Social & Sci Systems	Director, Epi	PHD in epi	Molly Assion	*301/628-3005	massion@s-3.com	oao 10/09/09
NC	RTP	RTI Int'l	Genetic Epi	PHD	Eric O. Johnson	919/990-8347	ejohnson@rti.org	oao 09/24/09
•NC	RTP	RTI Int'l	Research Epi II	PHD	L Andrusyszyn	919/541-6765	landrus@rti.org	oao 09/16/09
NJ	Springfield	ClinForce, LLC	Epi Specialist	MPH	Holly Price	*919/941-0071	hprice@clinforce.com	oao 09/24/09
NY	Bronx	Albert Einstein	Cancer Epidemiologist	PhD in epi or MD	Tom Rohan		rohan@aecom.yu.edu	oao 09/24/09
NY	New York	Albert Einstein	PD Fellow	PHD epi/biostat	Robert Kaplan	*718/430-3588	rkaplan@aecom.yu.edu	oao 09/24/09
NY	New York	FPHNY	Postdoc Fellow	Doctorate	Kristina Metzger	212/676-2773	kmetzger@health.nyc.gov	oao 09/24/09
•NY	New York	NYDHMH	Deputy Com. Epi	PHD/MD	Debbie Lew		dlew@health.nyc.gov	oao 10/16/09
NY	NY	NYC DHMH	Enviro Epi	PHD	Debbie Law	212/788-4859	dlew@health.nyc.gov	oao 10/09/09
NY	NY	Pfizer	Sr. Director, Epi	Doctorate	www.pfizer.com/careers	212/733-2323		oao 10/09/09
NY	Rochester	Univ of Rochester Med Center	Infectious Disease Epi	PhD-epi or related	Susan Fisher	*585/461-4532	Susan_Fisher@URMC.Rochester.edu	oao 09/24/09
NY	Rochester	Univ. of Rochester	Epidemiolgoist	PHD	Edwin Wijngaarden		edwin_van_wijngaarden@urmc.rochester.edu	oao 08/13/09

State	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
OH	Cleveland	Case Western U.	Chair, Epi	Doctorate	Malana Bey	*216/368-3832	mcb19@case.edu	oao 09/25/09
OH	Dayton	Wright State. U	Ass't/Assoc Prof	PHD/MD	HR	937/775-2120	https://jobs.wright.edu	oao 07/09/09
PA	Philadelphia	Temple Univ.	Ten Trk Fac	PHD	Deborah Nelson	215/204-8726	dnelson@temple.edu	oao 09/24/09
PA	Philadelphia	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 09/25/09
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree + clin ex	Tom Kelly	215/898-0861	tkelly@cceb.med.upenn.edu	oao 09/24/09
TN	Nashville	Vanderbilt Univ	Post Doc Fellow	PhD	Wei Zheng	*615/936-1269	wei.zheng@vanderbilt.edu	oao 09/24/09
TN	Nashville	Vanderbilt Univ	Post-doc Fell Cancer Epi	PhD,Dr.PH or MD+	MPH Wei Zheng	615/936-0682	Wei.zheng@vanderbilt.edu	oao 09/24/09
TX	Galveston	UTMB	Postdoc Womens Hlth	PHD/MD	Jennifer Rocha	*409/747-5129	jhrocha@utmb.edu	oao 07/09/09
•TX	varies	UTSPH	Faculty Pos	Doc in PH	Sharon Cummings	713/500-9041	sharon.s.cummings@uth.tmc.edu	oao 09/16/09
WI	Madison	Univ. of WI	Statistician	MS in Stat/Bio	Dayna Dalton	*608/265-2148	dalton@episense.wisc.edu	oao 07/09/09

EPI Job Bank
Foreign Listings

Country	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
Canada	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca	oao 09/20/09
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 09/20/09
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 09/15/09
Canada	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 09/20/09
Canada	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 09/20/09
Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 09/11/09
Canada	Montreal	McGill University	Cancer Epi	PHD	Armen Aprikian	514/934-8353	lina.maglieri@muhc.mcgill.ca	oao 09/20/09
Canada	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca	oao 09/20/09
Canada	Toronto	OAHPP	Epi - Hos Infection	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/20/09
Canada	Toronto	OAHPP	Epi - Chronic Dis	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/20/09
Canada	Toronto	OAHPP	Senior Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/20/09
Canada	Toronto	OAHPP	PH Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 08/20/09
Canada	Alberta	Alberta Cancer Board	Statistical Assoc	Masters-biostat,stay	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 09/20/09
Canada	Alberta	Alberta Cancer Board	Research Associate	Masters-epi,ph	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 09/20/09
Canada	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca	oao 09/20/09
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 09/20/09
Canada	Fredericton	New Brunswick Cancer	Biostatistican	Masters in Biostat	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 09/20/09
Canada	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 09/20/09
*Canada	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 09/20/09
•Canada	Montreal	McGill University	Biostat Consultant	PHD in biostat/stat	Christina Wolfson	*514/934-4458	christina.wolfson@mcgill.ca	oao 09/11/09
•Canada	Montreal	McGill University	Biostat Consultant	PHD biostat/stat	Christina Wolfson	*514/934-4458	christina.wolfson@mcgill.ca	oao 09/11/09
France	Lyon	IARC	Postdoctoral Fellowship	PhD	Rayjean Hung	*+33472738342	hung@iarc.fr	oao 09/20/09
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr	oao 09/20/09
India	Jaipur	Vatsalya	Data Analyst	MPH	Atul Panday	9829928653	Atul_panday2001@yahoo.com	oao 09/20/09
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgiar.org	oao 09/20/09
*Puerto	Rico Ponce	Ponce	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 09/20/09
Saudia	Arabia Riyadh	Field Epi Trng Prog	Med Epi	PHD	Dr. Nasser Al-Hamdan	+996/1/4939675	nhamdan@fetp.edu.sa	oao 09/20/09
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat	Josep-Maria Anto		jmanto@imim.es	oao 09/20/09
Switzerland		Fearn Associates	Molecular Epidemiologist	PhD-biostat or epi	Information		info@fearn-associates.com	oao 09/20/09
*Switzerland	Allschwi	Actelion	Epidemiologist	PHD/MD,MPH	Donat Laemmle	+41615656503	donat.laemmle@actelion.com	oao 09/20/09
Thailand	Bangkok	PATH	Chief of Party	Mas/Doc in epi	Dorothy Culjat	202/285-3500	pathjobs@mail.path.org	oao 09/20/09
UK	London	LSHTM	MSc PHDC	MPH	Vinod Bura	+44 7726472650	vinod.bura@gmail.com	oao 09/20/09

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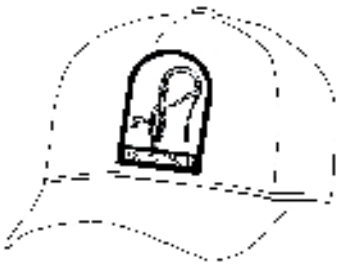

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Assistant Professor of Research, Clinical Trials

USC Keck School of Medicine, Preventive Medicine Dept. Children's Oncology Group, 440 Huntington Dr. #300, Arcadia CA

The focus of the research activities associated with this faculty position is biostatistics for clinical trials, including analyses of studies involving parametric cure models, treatment switching, frailty models, analysis of longitudinal random effects models, and applications of DNA microarray technology for the characterization of malignancies. Requires PhD or equiv in Biostatistics, Statistics or related major & 2 yrs exp conducting biostatistical analyses in an academic/hospital environment (note: employer will accept exp in positions involving thesis work &/or curricular training). Must have strong publication record in field of specialty and submit at least 3 reference letters. Submit CV w/refs to Alodia Batista, abatista@usc.edu

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Saint Louis University School of Public Health
Department of Community Health
Faculty Positions in Epidemiology

Saint Louis University, a Catholic, Jesuit institution dedicated to education, research and healthcare, invites applications for a tenure-track Professor or Associate Professor Position and a tenure-track Assistant or Associate Professor Position in the School of Public Health. The successful candidates will be appointed in the Department of Community Health on a 9-month contract.

Applicants must have a doctoral degree with advanced training in epidemiology. S/he should have a productive record of research publications and demonstrated ability to secure external research funding and managing major research studies. Applicants with research experience in maternal and child health, infectious diseases, genetics, injuries, nutrition, or pediatric health are strongly encouraged to apply. Primary responsibilities for the positions include directing a large national study (Professor/Associate Professor Position), conducting independent research, teaching graduate courses, and providing professional and community service. The Saint Louis University School of Public Health is nationally recognized for its community-based prevention research. Successful candidates will find opportunities for collaboration in a productive school portfolio of projects across many topics and from community partners.

Interested candidates must submit a cover letter, application, and curriculum vitae to http://jobs.slu.edu. Send three letters of recommendation and copies of transcripts by post to:

Gregory Evans, PhD
Saint Louis University
School of Public Health
3545 Lafayette Avenue, Room 466
Saint Louis, MO 63104
EVANSRG@SLU.EDU

Saint Louis University is an Affirmative Action, Equal Opportunity Employer, and encourages nominations and applications of women and minorities.

ENVIRONMENTAL EPIDEMIOLOGIST & EDUCATOR
FACULTY POSITION IN ENVIRONMENTAL HEALTH
Case Western Reserve University School of Medicine
Department of Environmental Health Sciences

This tenured track position at the Assistant Professor level is for an **environmental epidemiologist** interested in public education, at all age levels, regarding Environmental Health issues. The candidate is required to have a Ph.D. in Environmental Epidemiology or related field; postdoctoral experience is preferred. The position workscope and support would come equally from the Cleveland Museum of Natural History (CMNH) and the Dept of Environmental Health Sciences (EHS). The faculty person's role at the CMNH would be to serve as the Director of the Center for Environmental Health and Human Ecology where he/she would give Museum Member's Classes and assist with the design and content of exhibits on current environmental health problems related to Cleveland and the world community. The other half of the faculty person's activities would be to teach in graduate courses offered in the Dept of EHS and to carry out research projects as defined by his/her background, interests, and funding opportunities. Both the CMNH and the EHS activities would entail applying for grant support from local and federal agencies.

Please send curriculum vitae, a list of three references, and a cover letter describing research interests to: Dorr G. Dearborn, PhD, MD, Chm. Dept EHS, Case Western Reserve Univ School of Medicine, 10900 Euclid Avenue, WG19, Cleveland, Ohio 44106-4940 or via email to dxd9@case.edu .

In employment, as in education, Case Western Reserve University is committed to Equal Opportunity and World Class Diversity.

Harvard School of Public Health
Department of Epidemiology

Assistant or Associate Professor of Cancer Epidemiology

The Department of Epidemiology at the Harvard School of Public Health (HSPH) seeks candidates for the position of assistant or associate professor of cancer epidemiology. This is a tenure-ladder position, with the academic rank to be determined in accordance with the successful candidate's experience and productivity. The successful candidate will play a central role in the department's program of teaching and research.

The general emphasis in candidates' research should be the design, implementation, and analysis of population-based studies to establish causes of cancer. In addition to developing an independent program of research, the successful candidate will be expected to participate in collaborative research activities within the department. The successful candidate will be responsible for teaching and for student supervision, which will encompass the direction of doctoral students in their dissertation research and student advising at the master's and doctoral levels.

The successful applicant should have a doctoral degree in epidemiology or in another relevant area of public health, or a medical degree and formal training in epidemiology.

Please send a letter of application, including a statement of current and future research interests, curriculum vitae, sample publications, and the names of four referees to the following address. Applicants should ask their four referees to write independently to this address:

Chair, Search Committee for Assistant or Associate Professor in the Area of Cancer
c/o Rebecca Cantor (rcantor@hsph.harvard.edu)
Department of Epidemiology, Kresge 906
Harvard School of Public Health
677 Huntington Avenue
Boston, MA 02115

Harvard University is committed to increasing representation of women and minority members among its faculty and particularly encourages applications from such candidates.

ASSISTANT PROFESSOR OR RESEARCH ASSISTANT PROFESSOR

University of Washington, Seattle
Application Deadline: November 28, 2009

The Department of Epidemiology and the Collaborative Health Studies Coordinating Center (CHSCC) seek applicants for 1-2 faculty positions as Assistant Professor of Epidemiology without tenure (Regular or Research Track) with emphasis in pharmacoepidemiology and cardiovascular disease research.

Applicants should have a PhD in Epidemiology and two years post-doctoral experience in a research setting. Preferred candidates will have expertise in statistical methods for the analysis of longitudinal data, large medication databases, and cardiovascular disease and/or HIV research. A strong record of collaborative publications, grant-writing, and/or methodological research is highly desirable.

University of Washington faculty engage in teaching, research and service, in addition to mentoring graduate students. Salary is commensurate with experience and level of appointment. The University of Washington is an affirmative action, equal opportunity employer. The University is building a culturally diverse faculty and staff, and strongly encourages applications from women and minorities.

Please send a letter of interest, complete CV, and list of four references to Annette Fitzpatrick, PhD, (fitzpal@uw.edu), at the CHSCC, 6200 NE 74th Street, Suite 310, Seattle, WA 98115.

Temple University Public Health
Faculty Positions in Epidemiology

Temple University's program in Public Health is recruiting tenure track faculty in the area of Epidemiology with particular emphasis in infectious diseases, chronic diseases, environmental health, injury, behavioral sciences and psychiatry. The program provides opportunities for interdisciplinary and community-based research through association with eight departments in the College, in addition to the Centers for Obesity, Cognitive Neurosciences, Social Welfare and Policy, and the Institute on Disability.

Based in Philadelphia, PA, Temple University is a Carnegie I research-intensive, urban university with 17 schools and colleges, as well as campuses in Rome and Tokyo and programs in China and the United Kingdom. The College of Health Professions includes the departments of Communication Sciences and Disorders, Health Information Management, Kinesiology, Nursing, Occupational Therapy, Physical Therapy, Public Health, Therapeutic Recreation and the Center for Intergenerational Learning.

Applicants must have a doctoral degree and relevant teaching experience at the collegiate level. Candidates should have a specific program of research, as demonstrated by peer-review publications and the capacity to attract external funding. The level of academic appointment will depend upon the overall experience and external research funding history of the candidate. A competitive salary and benefits will be commensurate with credentials and experience.

Interested applicants should send, via hard-copy, a letter of interest, 2-3 sample publications, current curriculum vitae and three (3) letters of reference to:

Deborah B. Nelson, PH.D.
Faculty Search Committee Chair
Temple University
College of Health Professions
Department of Public Health
1301 Cecil B. Moore Avenue
Ritter Annex – Room 905
Philadelphia, PA 19122

Temple University is an Affirmative Action/Equal Opportunity Employer. Temple University is committed to increasing diversity in its community. Candidates who can contribute to this goal are strongly encouraged to apply.

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Postdoctoral Fellowships in Cancer

Mayo Clinic Cancer Center and College of Medicine

Mayo Clinic in Rochester, Minnesota announces new postdoctoral positions in cancer genetics/cancer genetic epidemiology. Positions will be funded by the Mayo Cancer Genetic Epidemiology Training Program, which is supported by a grant from the National Cancer Institute, and are 3 years in duration. Mentoring will be provided by experienced faculty, including cancer genetic epidemiologists, statistical geneticists, cancer geneticists, bioinformaticians and clinical mentors. The goal of this training program is to develop a new cadre of scientists capable of combining laboratory based genetics and observational epidemiologic methods for developing independent careers that address cancer-related health issues, including prevention, detection, therapy and control. In addition to a stipend, the trainee will receive $15,000 per year for supplies. U.S. citizens or permanent residents only.

Located 80 miles southeast of the Minneapolis-St. Paul metro area, the Mayo Clinic is well regarded for its cancer research which includes established resources such as the Rochester Epidemiology Project, and SPOREs in Prostate, Ovarian, Breast and Pancreatic cancers, Brain tumors, Lymphoma and Myeloma. The NCI-designated comprehensive Mayo Clinic Cancer Center (MCCC) provides extensive infrastructure support for patient-oriented research, including biostatistical support and shared analytical resources supporting population science, and well-equipped laboratories and cores. Please visit **http://mayoresearch.mayo.edu/mayo/research/cancercenter/** and **http://www.mayo.edu/** for more information.

Mayo offers an attractive benefit package. Salary is competitive, and will be determined by experience. Please send statement of interest and accomplishments, CV and the names of three references to:

Gloria M. Petersen, Ph.D.
Director, Cancer Genetic Epidemiology Training Program
Mayo Clinic
200 First Street SW • Rochester, MN 55905
Phone: (507) 284-2896 • Fax: (507) 266-2478
E-mail: schuh.melissa@mayo.edu

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- Study design options (cohort, case-control, cross-sectional, intervention studies, clinical trials)
- Study design issues (confounding, selection bias, information bias, effect modification)
- Data analysis (stratified analysis, multivariable analysis, survival analysis)
- Advanced methods (Bayesian methods, DAGs)
- Writing and publishing epidemiological research
- Research ethics

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- Dr Ali Al-Zahrani (Saudi Arabia)
- Professor Neil Pearce (New Zealand)
- Professor Rodolfo Saracci (France)
- Dr Abdulaziz Bin Saeed (Saudi Arabia)

□ccommodation and □our□e □ee□□

Candidates are expected to find their own financial support for course fees (including accommodation and meals) of US$1,000 for a single room or US$800 for a shared twin room (for both options there is a US$100 discount for IEA members). The course is heavily subsidized and no financial assistance (of any sort) is available. Accommodation reservations will be arranged after candidate applications have been accepted. Women are encouraged to attend, and no problems are anticipated in obtaining Visas.

□eadline □or receipt o□ application□ i□ □o□em□er □□□□.

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Successful Scientific Writing and Effective Oral Communication

October 19-23, 2009

The Scientific Writing Module is designed for public health professionals. Participants will learn basic structure, style and strategies for writing a scientific manuscript. Working in small groups, students spend much of their class time critiquing actual published and unpublished manuscripts and solving a wide range of exercises that exemplify the real-world challenges that authors face. The oral Communication module covers how to prepare a scientific talk, scientific poster, how to deal with media, etc. Videography will be used. (Class still open for enrollment)

Epidemiology in Action: Intermediate Analytic Methods Course

January 11-15, 2010

This course includes measures of association, normal and binomial distributions, confounding, statistical tests, stratification, logistic regression, models and computers as used in epidemiology. If you are interested in a more advanced analytic class, please visit our website for additional info.

Epidemiology in Action

April 26 to May 7, 2010

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

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Contact person: **Pia Valeriano, MBA**
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Website: http://www.sph.emory.edu/EPICOURSES

The University of Nevada, Reno

The University of Nevada, Reno is recruiting for a tenure track epidemiologist at the assistant professor rank. The School of Community Health Sciences was approved in fall 2004 and has been rapidly growing. One of the important goals in building a school is to develop strong academic and research programs. To accomplish this goal, we are seeking an energetic innovative epidemiologist to strengthen our expertise in that core area. The school presents an ecological approach to health and well-being. Our program integrates traditional public health perspectives with an emphasis on research, ethics, communication, diverse populations, and the promotion of health across the life span. 1. Provide assistance in the development of Epidemiology program within the School of Community Health Sciences. 2. Teach successfully at undergraduate and graduate levels. 3. Advise Graduate Students. 4. Secure extramural funding. 5. Carry out a successful program of research and scholarly activity. 6. Engage in community and professional service appropriate to a university faculty member. 7. Support the mission, philosophy, and objectives of the University of Nevada, Reno. More information on the school at www.unr.edu/hhs/sph.

Qualifications

1. Earned doctorate in Epidemiology (PhD., Dr.P.H. or Sc.D.) or related area preferably from an accredited school of public health with appropriate training and experience. Area of expertise is open but applicants with an emphasis in Chronic Disease Epidemiology or Cancer Epidemiology are particularly encouraged to apply. 2. Demonstrated success in research and scholarship. 3. Potential for success in grant writing. 4. Demonstrated ability or potential as a teacher. 5. Potential to collaborate effectively with other academic units within the university as well as with community agencies and groups. 6. Potential to interact effectively with diverse faculty drawn from a variety of disciplines.
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Occupational Cancer Research Centre (OCRC)

DIRECTOR AND SCIENTIST

Location: Toronto, Ontario

A Director is needed to provide leadership in the establishment of an exciting new research enterprise: the Occupational Cancer Research Centre (OCRC). The Director will assemble and motivate an interdisciplinary team to produce high quality research focused on the goal of reducing the incidence, mortality and overall burden of occupation-related cancer in Ontario.

OCRC is the first of its kind in Canada, and was created to bridge the gaps in our knowledge of occupation-related cancers and to translate these findings into preventive programs to control workplace exposures and improve the health of Ontarians. This major new initiative is a unique partnership that unites health, workplace safety, labour and industry groups. It is jointly funded by Cancer Care Ontario, The Workplace Safety and Insurance Board and the Canadian Cancer Society, Ontario Division and was developed in collaboration with the United Steelworkers Union.

The Centre Director will be supported by a Steering Committee representing key stakeholders in the occupational health community in Ontario plus a Scientific Advisory Committee. The Centre is housed at Cancer Care Ontario. Dr. Aaron Blair, internationally recognized for his research in occupational cancer, is currently acting as Interim Director awaiting the placement of the permanent Director.

The Centre Director will have an ongoing scientific appointment in the department of Population Studies and Surveillance in Cancer Care Ontario, with the opportunity for an appointment at the Dalla Lana School of Public Health at the University of Toronto commensurate with appropriate academic standing (i.e., Associate/Full Professor).

The incumbent will:

- Establish a long-range, high-quality research agenda on occupational cancer
- Assemble a multi-disciplinary scientific team
- Work with the Centre's Steering Committee to promote the growth and sustainability of the Centre
- Build partnerships with other provincial/national/international researchers and research institutions and with the occupational and cancer stakeholder communities
- Publish and disseminate research findings in both scientific and lay publications

Qualifications will include:

- A doctorate in epidemiology, biostatistics, occupational health, or other relevant discipline
- Significant research contributions in the areas of occupational health and/or cancer
- Demonstrated ability to provide scientific leadership to interdisciplinary research teams
- Experience working with stakeholders in the occupational arena or equivalent
- Experience and/or commitment to knowledge transfer and exchange

Interested candidates please send letter of interest and CV to: **yen.borrego@cancercare.on.ca**

We thank all those who apply, however, only those candidates selected for an interview will be contacted. We are an equal opportunity employer.

Opportunities This Monthh

Cancer Care Ontario	p. 19
Case Western University	p. 16
Emory University	p. 18
Harvard University	p. 17
IEA	p. 18
Mayo Clinic	p. 18
St. Louis University	p. 16
Temple University	p. 17
University of Nevada, Reno	p. 18
University of New Mexico	p. 11
University of Pennsylvania	p. 12
University of S. California	p. 12, 16
University of Washington	p. 11, 17

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THE EPIDEMIOLOGY MONITOR

2560 Whisper Wind Court
Roswell, Georgia 30076

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