



# epimonitor

## THE EPIDEMIOLOGY MONITOR

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

### Special Issue

## Update on Social Determinants of Health

### Impact of Documentary Film "Unnatural Causes" One Year Later----15,000 Screenings Have Been Held But Evidence Of Any Policy Changes Is Lacking

**Producers Say The General Discourse on Health Has Changed Considerably Though Health Equity Is Still Not A "Household Term"**

One year after the release of "Unnatural Causes", the award winning film by California Newsreel on the role of social factors in health, the ambitious goals of its creators and supporters to bring about social change may have been too ambitious depending on how success is measured. In The Epidemiology Monitor

last year, producers were credited with organizing an extensive campaign simultaneously with the release of the film to reframe the discussion on health care reform and to build political will to more effectively address the social causes of disease.

*- Documentary Impact, continues on page 2*

### Conversation With Filmmaker of Unnatural Causes Reveals Satisfaction With Response To The Film To Date

"A film does not a movement make," says Larry Adelman, executive producer of "Unnatural Causes" when asked by The Epidemiology Monitor to assess whether or not his award winning film has met the expectations originally set for it. Adelman appeared to be backing off a bit from the high expectations which accompanied the release of the film and the impressive, large scale and ambitious public engagement campaign that was launched simultaneously with the film's showing on PBS in early 2008. In addition, a special website was created to provide detailed information about health inequities and to give interested

members of the public a set of tools to use in screening the film in multiple venues and taking steps to reduce health inequities.

Among the goals or expectations articulated for the film and the campaign in 2008 were 1) sounding the alarm about health disparities, 2) stimulating a broad debate about what we as a society can and should do to reduce our glaring health disparities, and 3) reframing the public debate over what we as a nation can and should do about health and health inequities.

*- Adelman Interview, continues on page 6*

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***"...that translation challenge is where the 'real excitement is' in epidemiology and public health."***

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*- Documentary Impact, con't from page 1*

One year later, more than 15,000 community dialogues, policy forums, trainings, town hall meetings, and other events designed around the screenings have been held, but the filmmakers have been unable to document any particular policy outcomes traceable to the efforts of the film's viewers or other supporters. Also, the health care reform discussions still appear to be centered primarily around achieving reductions in health care costs rather than on addressing the root causes of inequalities in health.

According to a new report of a web-based survey released in June 2009 by California Newsreel, the makers of "Unnatural Causes" administered an online survey over a four week period last December using Survey Monkey and received 789 responses from users of the film. The report, entitled "Making Health Equity Visible—Results and Recommendations from the Unnatural Causes User Survey" claims to present a "fairly accurate" picture of the organizations using the film are doing and learning. Among the respondents were hosts who organized events, planners of future events, and active participants such as speakers, facilitators, or audience members. The film occupies a special niche in the field of social determinants of health because, as the report states, "for many, convening events around Unnatural Causes marked their first attempt to operationalize a commitment to health equity."

In presenting information about the impact of the film screenings, the report found that all or most existing partners agreed to some sort of next step or action item. This was true for new partners at the screenings as well except that one fifth saw no follow up steps from the screenings. According to the

report, the vast majority of reported action steps consisted of encouraging audiences to educate others about the social determinants of health. When asked about follow up activities, 48% of those organizing community screenings reported that they had not planned any. Still the majority of respondents believed that their screenings had encouraged community members to become involved with their organization and/or to take action in the community.

## **Data to Action**

However, viewers' attitudes after the screenings may not translate easily or quickly into real actions. A follow-up community meeting in the town of Athens Georgia where the film had been screened and audience members had been eager to know what actions to take failed to attract more than a handful of attendees, most of whom were already affiliated with the film showing to begin with, according to [Jan Levinson](#), a convener of the meeting with the Russell Library at the University of Georgia. Also, while two thirds of the film users in the report believed that their screenings of the film had helped policy makers and elected officials "a lot" or a "moderate amount" to identify opportunities for advancing health equity, the respondents provided little information on particular policy outcomes, if any, that might have been accomplished to date.

Despite the lack of concrete evidence on policy change, the report claims a degree of success for the film so far in that prior to its release the recognition that social factors affect health was not present in the mainstream media and the discourse on health was focused on health insurance and healthy behaviors.

*- Documentary Impact, continues on page 4*

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# Stymied Film Viewers of Unnatural Causes Looking To Create Social Change Receive New Recommendations From California Newsreel

Believing that many of its film viewers are stymied or feeling paralyzed by the question of what to do next after seeing the film and becoming motivated to address social causes of ill health, California Newsreel, the producers of the few, have taken the unusual step of issuing a set of several new recommendations for those seeking to address health equity and social determinants of health:

**1. Health equity is not an issue but a framework.** Apply a health equity lens to the issues you already tackle. Advocates are urged to do this by asking themselves a set of questions about their work such as the implications of a health equity lens on an organization's priorities, allocation of resources, and outreach.

**2. Start with internal screenings and discussions.** The idea here is that until staff within an organization are convinced about the importance of social factors in health, then it will be difficult to convince any outsiders that they should work on health equity.

**3. Plan by taking the time to develop goals and strategy.** The authors remind readers that a film screening, no matter how compelling, is but a gesture towards social change unless paired with the hard work of a thoughtful and self-critical group dialogue, consideration of next steps, and organizing for action.

**4. Turn screenings into steps to future engagement rather than one time events** by helping audiences to appreciate how these issues affect them and by communicating possibilities for action in the short, medium, and long term.

## **5. Reach out to other sectors rather than expecting them to come to you.**

These other sectors do not see their work as health work and the film is helpful in getting non-health professionals to understand how their issue is a health issue.

## **6. Document and publicize your events, outcomes, and follow-up activities.**

The report concludes optimistically that since the film was started three years ago, "understanding is growing, initiatives are flowering, and there is an eagerness among many to move into policy. Let us savor our victories, learn from our missteps, communicate a vision of a healthy society, and keep moving forward."

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*"I didn't realize specifically what an epidemiologist's role was and how they affect the lives of so many".*

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*"...the portrait is a way of conveying how thankful the majority of individuals are for the work that epidemiologists do."*

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*"The goal is to use the data we have to the maximum extent possible..."*

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*"The arc of history is long, but it bends toward justice."*

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- *Documentary Impact, con't from page 2*

According to the report, "Today, while 'health equity' is far from a household term, the general discourse has changed considerably." Based in part on the enthusiastic and positive comments from many of the film's users, the authors of the report conclude that "clearly the commitment to health equity is large and the momentum is growing...Because health equity has not yet coalesced into a national movement able to provide guidance and leadership, many actors seem hindered by a lack of a specific action, policy, or legislative agenda around which to organize on the municipal, state, and national levels and find themselves stymied by the question of what to do next."

The report goes on to say "Unsurprisingly, many feel paralyzed by the abyss separating the conventional, immediate, doable ("e.g., building jogging paths, starting an employee wellness program, fighting for health care access) and what appears to be aspirational, distant, and overwhelming (e.g., fighting for living wage jobs, desegregating neighborhoods, achieving universal preschool, increasing job autonomy and security)." One respondent to the survey told California Newsreel, "It is critical that there be real organizing vehicles for people to be able to plug into around concrete proposals and policies. Otherwise, it is just an interesting conversation..."

The report recognizes that by its very nature health equity demands reforms not in any one arena but in all, is tightly linked to the movement for a more democratic and just society, and therefore is "particularly challenging".

As mentioned in the April 2008 article

of the EpiMonitor, the fate of the film as a catalyst for building political will could offer many lessons for epidemiologists and public health professionals on the challenges of translating data into action. After all, one epidemiologist described the film as electrifying, but even so, the task of catalyzing a movement and bringing about change on social factors in health seems even more difficult than imagined as judged by the rhetoric surrounding the release of the film and subsequent showings. However, as the filmmaker Larry Adelman told the Epi Monitor in June 2009, "one film does not a social movement make."

In an effort to more fully understand the impact of the film to date, and to identify potential lessons learned in translating data into action, The Epidemiology Monitor has spoken with several persons familiar with the film and its use as a tool for social change. This special double issue of the newsletter is devoted to describing what we know about the film and its impact to date and the future.

- *Pioneer in Infodemiology, continues on page 11*

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## Alameda County “Life and Death From Unnatural Causes” Report Provides A Model Blueprint For Policy Action Or Social Determinants of Health

The challenges associated with achieving changes in social policy to reduce health inequities have been well articulated and clearly presented in a very readable report from the Alameda County Public Health Department. Released to coincide with the launch of the film “Unnatural Causes” last year, the new report, entitled “Life and Death From Unnatural Causes”, candidly and succinctly makes the case for the importance of social factors in health and identifies guiding principles for action and specific policy areas that need to change, at least for Alameda County. However, the guidance is applicable more broadly to other communities and geographic areas.

The executive summary of the report presents these startling differences in risk which accumulate over a life time.

“Compared with a White child in the Oakland Hills, an African  
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The executive summary of the report

presents the startling differences in risk associated with social factors which accumulate over a life time.

An American born in West Oakland is 1.5 times more likely to be born premature or low birth weight, 7 times more likely to be born into poverty, 2 times as likely to live in a home that is rented, and 4 times more likely to have parents with only a high school education or less. As a toddler, this child is 2.5 times more likely to be behind in vaccinations. By fourth grade, this child is 4 times less likely to read at grade level and is likely to live in a neighborhood with 2 times the concentration of liquor stores and more fast food outlets. Ultimately, this adolescent is 5.6 times more likely to drop out of school and less likely to attend a 4-year college than a White adolescent. As an adult, he will be 5 times more likely to be hospitalized for diabetes, 2 times as likely to be hospitalized for and to die of heart disease, 3 times more likely to die of stroke, and twice as likely to die of cancer. Born in West Oakland, this person can expect to die almost 15 years earlier than a White person born in the Oakland Hills.

According to the report, “a just society does not consign whole populations to foreshortened and sicker lives based on skin color and bank account size. If we are a just society, we must tackle the challenge of poor health and its linkage to race, social class, and place. Our goal is health equity...Deliberate public and private policy helped create the inequitable conditions and outcomes that confront us today. Consequently,

- Alameda County, continues on page 6

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*“If you don’t seek  
to understand the  
personality or  
character of the  
person your  
painting, then  
you’ll lose  
something in the  
painting,”*

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*“...creating a  
portrait is like  
becoming a  
friend...”*

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*"He demanded accuracy in facts, and excellence in writing."*

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*- Adelman Interview, con't from page 5*

According to Adelman, the metrics he and his colleagues use to gauge the success of the film were far exceeded. He said that initially the creators of the film hoped to obtain 10,000 verifiable events held in association with screenings of the film over 24 months or 5,000 per year. In fact, the producers were able to count 15,000 events in the first 12 months of the film's release, a threefold greater number than projected.

From the outset, Adelman's goal for the movie seemed simple enough. He told the Monitor he wished to take the powerful information about the importance of social factors on health out of the journals where it had been accumulating and into the public domain in an understandable way. Adelman told the Epi Monitor he was convinced the facts or the work on social factors would speak for themselves. He recounted how he told his filming team that their job in making the film was simply not to subtract from the already powerful material they had to deal with.

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*"He could speak on various aspects of epidemiology and was a leader in discussing surveillance."*

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In talking about the enthusiastic response to the film, Adelman is quick to point out that "timing is everything". He did not seem as anxious to claim credit for a well made film as he was to say that the people seeing the film were already primed to talk about health equity. In part, this was due to the considerable body of evidence in the journals about social determinants of health which had not spilled out into the mainstream.

When pressed about the apparent lack of policy actions taken so far that were triggered by the film, Adelman was quick to point out that film and supporting materials could only serve as tools for the people who are in a

position to make a difference. It was at this point in the conversation when he stated that a single film could not create a social movement. He pointed out the importance of creating political will to help advance ideas because without such will the vested interests that would be adversely affected by any good ideas will prevent them from being implemented. Adelman sees his film as helping to build political will and support for actions to address health inequities. It is not just good ideas that we need, according to Adelman. If that was the case, we could just go to policy wonks and get them he said.

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*- Alameda County, con't from page 5*

deliberate new policy is needed to unmake inequitable neighborhood conditions and decouple health from race and place."

### Policy Principles

The report identifies several policy principles considered important for addressing the root causes of health inequities. They are:

1. Understand the historical forces that have left a legacy of racism and segregation in order to make structural changes.
2. Work across multiple sectors of government and society.
3. Measure and monitor the impact of social policy on health.
4. Obtain meaningful public participation
5. Acknowledge the cumulative impact of stressful experiences and environments.
6. Address the developmental needs and transitions of all age groups.

*- Alameda County, continues on page 8*

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## New CDC Resource Book Created To Help Communities Address Social Determinants of Health

“Achieving equity in health is ultimately a political process based on a commitment to social justice rather than to survival of the fittest.” In another example of the extraordinary challenges facing those who seek to bring about social change for health, the CDC has recently published a book to guide interested persons and advocates. Entitled “Promoting Health Equity – A Resource To Help Communities Address Social Determinants of Health”, the new hundred page plus handbook presents nine case studies of small and large scale program and policy initiatives which have tackled social determinants and then presents a multi-step approach to creating an effective social determinants intervention or program.

The handbook recommends a partnership approach with goals and objectives. To achieve this, the handbook lays out strategy options for how to bring about social change.

The overall strategies are not difficult to understand and include increasing knowledge, increasing skills and capacities, and/or altering social, economic, and environmental conditions through policies and infrastructure. Increasing knowledge and capacities while important to do are not sufficient to alter health inequities according to the book. At some point these must translate into actual policy changes or social changes.

How can this be brought about? The possibilities are not limitless, and the CDC handbook presents 6 approaches to creating social change which can be adapted to the resources of the group undertaking the work. The handbook

includes the following approaches:

### 1. Consciousness raising

Basically, this approach brings people together to discuss the problems and their causes and to help them see the connections between the two. The approach creates common understanding necessary for success, and more importantly, may create the pre-requisite motivation for partners to address the social determinants. It is building political will.

### 2. Community development

This approach seeks to involve members of the community in solving problems. The goal is to increase the community control over what happens in the community. The process of problem solving is seen as health promoting in and of itself. The goal is to enhance the power of those most affected by the inequity.

### 3. Social action

This approach seeks to alter social relationships and resources. It often highlights specific problems and how they can be influenced. The example used is of a group of community members who light a candle for each person in the community injured by an alcohol-impaired driver to encourage enforcement of laws. The intent of social action is to make a public statement, according to the CDC handbook.

### 4. Health Promotion

These are activities designed to get people to make changes in their

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*“Eugenia was one of the world’s most respected epidemiologists...”*

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- CDC Handbook, continues on page 8



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*"...the proportion of cancers attributable to alcohol is 'an important public health issue.'"*

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- Alameda County, con't from page 6
7. Work on land use policy
  8. Strengthen the social fabric of neighborhoods
  9. Address new challenges not just age-old survival issues for low income people and people of color
  10. Shift toward changing community conditions and away from blaming individuals or groups for their disadvantaged status.

### Potential Policy Changes

Examples of policies which can be tackled to address social determinants of health are presented in the report in two useful categories **1)**those which affect income and wealth, education, and occupation, and **2)**those which address adverse community conditions. The examples are:

#### A. Policies which affect income and wealth, education, and occupation

1. Raise incomes of the poor, especially those with children
2. Assist poor people to accumulate assets
3. Support job creation and workforce development
4. Invest in early childhood
5. Reform school funding
6. Invest in recruiting, training, and retaining child care providers and teachers for K-12
7. Provide supports to schools and students and parents in need

#### B. Policies which address adverse community conditions.

1. Increase housing affordability and stability
2. Support homeownership
3. Decrease foreclosure and displacement
4. Increase transportation affordability
5. Improve accessibility and reliability of transportation

6. Decrease driving
7. Decrease pedestrian and bicyclist injuries
8. Reduce exposure to diesel particulates
9. Study trucking and shipping operations to reduce impact on vulnerable populations
10. Engage communities about wanted and unwanted land use
11. Incorporate public health input on air pollution impacts in local land use planning and development decisions
12. Limit number and density of fast food restaurants in low income areas especially
13. Increase healthy food availability
14. Establish and enforce rules and regulations about liquor stores
15. Develop and promote venues for active recreation
16. Improve zoning laws and the safety of recreational facilities

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- CDC Handbook, con't from page 7

behaviors or environments. The activities can also seek to create organizational, policy, or environmental changes.

### 5. Media advocacy

This involves the use of the media to encourage social, economic, or environmental change. A key purpose may be to help reframe a health issue as the result of a social factor rather than an individual behavior one. The makers of the film were seeing the purpose of their film and are reframing the health debate in the US.

### 6. Policy and environmental change

This approach seeks to engage community members in the decision making processes of the community.

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*"Nearly everything in public space is public health."*

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## Harvard Researchers Also Tackle The Challenge Of Moving Knowledge About Health Inequities Into Action

An academic group has taken on the challenge of providing guidance to advocates about how best to make use of information about social determinants of health to make a difference in health outcomes. In a new May 2009 report entitled “Getting Under the Skin---Using Knowledge About Health Inequities to Spur Action”, two scholars from the [Charles Hamilton Houston](#) Institute for Race and Justice have focused on the risks of living in “neighborhoods of concentrated disadvantage”. The authors recognize the challenge of going from knowledge to action on social determinants. They put it this way:

“Attention to the embedded, powerful structural forces that limit opportunity and contribute to unequal health outcomes can often intimidate and confuse audiences within local communities who understandably wish for realistic, immediate solutions. Recognition of the social determinants of health does not imply the need for a radical solution that would undo poverty and segregation...”

The authors sought to translate knowledge from social determinants of health into a “useable form.” Second, to explore how best to use this knowledge to lobby for, and create policy and programming changes on the ground in, communities of concentrated disadvantage. According to the researchers, “the question of how to move this knowledge into action is still too often evaded.”

The report makes 6 recommendations.

1. Increase access to high-opportunity

neighborhoods and reduce the share of people who live in high-poverty neighborhoods.

2. Allow poor children in low-opportunity neighborhoods more choices to attend low poverty schools

3. Providers should partner to improve assistance given

4. Help neighbors collaborate to create healthier environments

5. Assist local efforts to increase access to healthier food outlets

6. Provide incentives and funds for local efforts to increase access to recreational opportunities.



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NY	New York	Mt Sinai School of Med	Faculty Positions-Epi	training in epi	David Savitz		david.savitz@mssm.edu	oao 06/11/09
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PA	Philadelphia	Prof - Enviro Epi	PHD epidemiology	PHD in epi	Craig J. Newschaffer	*215/762-1174	cnewscha@drexel.edu	oao 06/23/09
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WI	Milwaukee	Medical College WI	TT Faculty Post.	Doc in PH field			cmaurana@mcw.edu	oao 06/19/09



## EPI Job Bank Foreign Listings

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Canada	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca	oao 06/20/09
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 06/20/09
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 06/15/09
Canada	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 06/20/09
Canada	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 06/20/09
Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 06/11/09
Canada	Montreal	McGill University	Cancer Epi	PHD	Armen Aprikian	514/934-8353	lina.maglieri@muhc.mcgill.ca	oao 06/20/09
Canada	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca	oao 06/20/09
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Canada	Toronto	OAHP	Epi - Chronic Dis	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 06/20/09
Canada	Toronto	OAHP	Senior Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 06/20/09
Canada	Toronto	OAHP	PH Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 06/20/09
Canada	Alberta	Alberta Cancer Board	Statistical Assoc	Masters-biostat	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 06/20/09
Canada	Alberta	Alberta Cancer Board	Research Associate	Masters-epi	ph	*403/270-3898	careers@cancerboard.ab.ca	oao 06/20/09
Canada	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca	oao 06/20/09
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	506/444-2360	www.gnb.ca/0163/employ-e.asp	oao 06/20/09
Canada	Fredericton	New Brunswick Cancer	Biostatistician	Masters in Biostat	Amanda Carroll	506/444-2360	www.gnb.ca/0163/employ-e.asp	oao 06/20/09
Canada	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 06/20/09
*Canada	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 06/20/09
*Canada	Montreal	McGill University	Biostat Consultant	PHD in biostat/stat	Christina Wolfson	*514/934-4458	christina.wolfson@mcgill.ca	oao 06/11/09
*Canada	Montreal	McGill University	Biostat Consultant	PHD biostat/stat	Christina Wolfson	*514/934-4458	christina.wolfson@mcgill.ca	oao 06/11/09
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*Puerto Rico	Ponce	Ponce	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 06/20/09
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**Applicants should send Curriculum vitae, cover letter and three letters of reference to:** [recrutement.drh@ehesp.fr](mailto:recrutement.drh@ehesp.fr)

For additional information, please contact:

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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 [dx9@case.edu](mailto:dx9@case.edu).

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



**BRIGHAM AND  
WOMEN'S HOSPITAL**

**OB / Gyn Epidemiologist**



**HARVARD  
MEDICAL SCHOOL**  
TEACHING AFFILIATE

The Department of Obstetrics and Gynecology at Brigham and Women's Hospital, a major teaching hospital of Harvard Medical School is seeking an Epidemiologist to work in the Maternal Fetal Medicine perinatology area. This position will be a Brigham and Women's Hospital appointment with full time benefits. Candidates must have a doctorate in epidemiology with experience in perinatology. In addition, candidates should have a strong quantitative background with experience in programming and analysis of case control and cohort data. Formal training in biostatistics at least the Master's level is preferred and excellence in writing and teaching must be demonstrated. Strong interpersonal, administrative and clinical skills are required. A commitment to teaching residents and medical students is essential.

Academic rank as Instructor, Assistant Professor and/or Associate Professor at Harvard Medical School will be commensurate with experience, training and achievements.

Applicants are invited to submit a letter of interest and their curriculum vitae to:

Louise Wilkins-Haug, M.D., Ph.D.  
Department of Obstetrics and Gynecology  
Maternal Fetal Medicine Division  
Brigham and Women's Hospital  
75 Francis Street  
Boston Ma 02115

**The Brigham and Women's Hospital and Harvard Medical School are affirmative action equal opportunity employers.**

# SUDAAN® Statistical Software for the Analysis of Correlated Data

SUDAAN is an internationally recognized statistical software package that specializes in offering tools that properly account for complex design features of a study, including unequally weighted data, stratification, multistage sample designs, repeated measures, longitudinal data and general cluster-correlation. SUDAAN is available both as a standalone statistical software tool and in SAS-callable format.

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- New procedure that will generate weight adjustments, and standardized weights, using a model-based, calibration approach
- New procedure that will provide imputed values using a weighted sequential Hot Deck methodology
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phone: 919-541-6602  
email: [sudaan@rti.org](mailto:sudaan@rti.org)

## 2009 SUDAAN Training Schedule

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February 26-27, 2009	Washington, DC
June 11-12, 2009	Washington, DC
July 23-24, 2009	Research Triangle Park, NC
October 22-23, 2009	Washington, DC

### Descriptive Procedures Course

April 20-22, 2009	Washington, DC
July 20-22, 2009	Research Triangle Park, NC
September 16-18, 2009	Washington, DC

### Modeling Procedures Course

May 27-29, 2009	Washington, DC
October 14-16, 2009	Washington, DC

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[www.rti.org/sudaan](http://www.rti.org/sudaan)

## Director of the Division of Biostatistics and Epidemiology

### Cincinnati Children's Hospital Medical Center

The Division of Biostatistics and Epidemiology, a research division of Cincinnati Children's Hospital Medical Center (CCHMC), seeks a scholarly, enthusiastic, and visionary director. CCHMC is one of the top-ranked children's hospitals in the world and its vision is to be the leader in improving child health. A few of the Research Foundation's recent accomplishments include:

- Ranked second of all pediatric centers in NIH funding (\$92 million in 2007; Over \$123 million in total grant revenues)
- Ranked third-best pediatric program at a medical school (*U.S. News & World Report*)
- New research tower opened in 2007, increasing research space to nearly 1 million square feet and making Cincinnati Children's one of the largest pediatric research programs in the country
- Investment in research by CCHMC of over \$60 million above total grant revenues, including a number of internal grant programs
- Research programs integrated across a full range: basic/discovery, translational, clinical trials, health services, quality improvement/clinical effectiveness, community research

The Division of Biostatistics and Epidemiology currently includes 43 faculty and staff, conducts independent research, and collaborates on more than 75 grants worth an estimated \$75 million. The division also provides collaborative support to 36 divisions of CCHMC and is allied with graduate teaching programs in biostatistics and epidemiology. The faculty and staff are located in the new, state-of-the-art research tower adjacent to the Division of Biomedical Informatics and the Clinical and Translational Research program. Faculty appointments are with the University of Cincinnati College of Medicine.

Qualified candidates must have a doctoral degree in Biostatistics, Epidemiology, or a related statistical field, and have progressed to the rank of Associate or Full Professor. The preferred candidate will have an outstanding

record of independent, collaborative, and well-funded research, publication in high-impact journals, and effective written and oral communication skills. The Director will develop a strategic vision for the division to advance the role of biostatistics and epidemiology and clinical and translational research in the academic health center while providing leadership and oversight of the divisional operations and collaborations with investigators at CCHMC from across the full range of research programs. The director will be expected to mentor junior faculty and trainees, increase the success of existing programs, and successfully develop new initiatives. **This position will be at the academic rank of Full Professor, with tenure in the Department of Pediatrics.**

**For additional information regarding the position, contact the Chairperson of the Search Committee, Scott W. Powers, PhD, Professor of Pediatrics and Director of Clinical and Translational Research, Cincinnati Children's Research Foundation, 513-636-8106, [Scott.Powers@cchmc.org](mailto:Scott.Powers@cchmc.org)**

Interested candidates should send a letter describing their qualifications and interests, along with their curriculum vitae and contact information for three professional references, to: Scott W. Powers, PhD, c/o Teresa Nangle, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave., MLC 9008, Cincinnati, OH 45229 or email: [Scott.Powers@cchmc.org](mailto:Scott.Powers@cchmc.org) or [Teresa.Nangle@cchmc.org](mailto:Teresa.Nangle@cchmc.org)

[www.cincinnatichildrens.org/research/div/ceb](http://www.cincinnatichildrens.org/research/div/ceb)



Cincinnati Children's Hospital Medical Center and University of Cincinnati are Equal Opportunity Employers

## UNIVERSITY OF MINNESOTA

### Pediatric Cancer Epidemiology Training Program

#### (NIH T32 CA099936): Postdoctoral Position available 1/2010

The above training program at the University of Minnesota Department of Pediatrics and the Masonic Cancer Center provides opportunities for students to enhance their research training and experience in pediatric cancer epidemiology. For more information, please go to: <http://www.med.umn.edu/peds/epi/education/home.html>

Through the expertise of the training faculty, trainees work in a variety of research settings including molecular biology, genetics, prevention and etiology, clinical outcomes (e.g., late effects), and exposure and behavior assessment. Strong graduate school degree programs in Epidemiology (PhD) and Clinical Research (MS) offer courses in epidemiology, cancer epidemiology, biostatistics, cancer biology, genetic epidemiology, nutrition, methods, human experimental studies, and field research relevant to pediatric cancer. Students have opportunities for supervised research in basic biology, human and animal research, study design, analysis, and grant writing. The current training program trains one predoctoral graduate student and three postdoctoral students. Postdoctoral trainees are drawn from the medical and basic science. One postdoctoral slot is expected to be available by the end of 2009. Criteria for selection of trainees include: strong academic performance and a career orientation toward independent research in an academic, clinical, or public health setting. Trainees who graduate from this program will have the capacity to undertake pediatric cancer epidemiologic research across a spectrum of disciplines. All trainees participate in weekly pediatric epidemiology meetings, monthly seminars, an annual retreat, and as presenters of their own research at national meetings. They also receive instruction in the responsible conduct of research.

Applicants must be United States citizens or permanent residents. Women and minorities are especially encouraged to apply.

For questions, contact Dr. Julie Ross, Division of Epidemiology & Clinical Research, Department of Pediatrics, University of Minnesota, 420 Delaware Street SE, MMC 422, Minneapolis, MN 55455; email: [rossx014@umn.edu](mailto:rossx014@umn.edu)



## Assistant Professor, Epidemiology

The University of Nevada, Reno, School of Community Health Sciences, is seeking candidates for a full-time faculty position in Epidemiology. Research and teaching interests in chronic disease epidemiology are preferred, but not required. Duties include: teaching successfully and advising graduate and undergraduate students, securing extramural funding, conducting scholarly activity, engaging in community and professional service appropriate to a university faculty member, and supporting the mission, philosophy, and objectives of the University of Nevada, Reno. For complete position description and requirements, <http://jobs.unr.edu>. Application reviews will begin October 15, 2009. For full consideration, please complete your application prior to October 15, 2009.

The University of Nevada is committed to EEO/AA in recruitment of its students and employees and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, or sexual orientation. The University of Nevada employs United States citizens and aliens lawfully authorized to work in the United States. Women and under-represented groups are encouraged to apply.

## FRED HUTCHINSON CANCER RESEARCH CENTER

A LIFE OF SCIENCE

## POST-DOCTORAL RESEARCH FELLOW

Position #KS-22266

The Program of Epidemiology at Fred Hutchinson Cancer Research Center invites applications for a Post-Doctoral Research Fellow.

**Job Description:** The successful candidate will work with a multidisciplinary team of investigators focused on prostate cancer research. A major focus of the studies is on genetic susceptibility, environmental exposures, and gene-environment relationships in the development and progression of prostate cancer. S/he will assume responsibility for analyses of epidemiological and genetic data from population-based case-control studies and from a large study of high-risk prostate cancer families. In addition to analyses of existing data, the Post-Doc will assist in the development of new grants, perform literature reviews, summarize research findings, and prepare manuscripts for publication.

**Qualifications:** The candidate should have a doctorate in epidemiology with an interest in genetics/cancer etiology and experience in the conduct of epidemiological studies. Strong organizational and analytical skills, good writing and communications skills, and knowledge of SAS/STATA are necessary. **This is not a bench-research position.**

**Job Type:** Full-time position

**Job Category:** Scientific Staff

**Compensation:** Salary based on NIH scale + excellent benefits

**Opening Date:** 5/1/09, Open until filled

**To apply for this position, send cover letter, curriculum vitae, and three letters of reference to:**

Kyle Snell, Human Resources Specialist  
Fred Hutchinson Cancer Research Center  
P.O. Box 19024, J1-105  
Seattle, WA 98109-1024

Email: [kxsnell@fhcrc.org](mailto:kxsnell@fhcrc.org)  
Fax: 206-667-4051  
Web Site: [www.fhcrc.org](http://www.fhcrc.org)  
Please refer to position number KS-22266

*The Fred Hutchinson Cancer Research Center and the Seattle Cancer Care Alliance are equal opportunity employers, committed to workforce diversity.*



*Heal the sick, advance the science, share the knowledge.*

## Director, Science of Health Care Delivery

**Mayo Clinic in Rochester, Minnesota** invites applications for a full-time, tenure-track faculty position in the Department of Health Sciences Research at the Associate or Full Professor level, with expertise and academic leadership in outcomes research, clinical epidemiology, and/or health services research. Applicants should have a doctoral degree in epidemiology, health services research, or related field, or an M.D. with additional training or experience in one or more of these areas.

The successful candidate will be a recognized academic leader, with a track record of research, teaching, and mentoring junior faculty. He or she will primarily direct and coordinate research initiatives related to outcomes research at the Mayo Clinic, both within the Department of Health Sciences Research as well as with faculty from clinical departments at Mayo. The candidate will also be expected to develop an independent research program related to the candidate's area of expertise. Teaching opportunities are available in the Clinical and Translational Research Ph.D. and M.S. degree programs, which are a part of the Mayo Clinic Center for Translational Science Activities (CTSA). For further information, please visit [www.mayoclinic.org/scientist-jobs](http://www.mayoclinic.org/scientist-jobs).

Salary and benefits are highly competitive. The position includes a generous start-up package and a Mayo core (endowed) research budget. To learn more about Mayo Clinic and Rochester, MN, please visit [www.mayoclinic.org](http://www.mayoclinic.org).

Review of applications commenced April 1, 2009 and will continue until the position is filled. Interested individuals should send a cover letter, including a brief summary of research experience and interests and a curriculum vitae, to:

**James Cerhan, M.D., Ph.D.**  
**Chair, Search Committee**  
**c/o Julie Beinborn**  
**Mayo Clinic**  
**200 First Street, SW • Rochester, MN 55905**  
**Email: [beinborn.julie@mayo.edu](mailto:beinborn.julie@mayo.edu)**

*Mayo Foundation is an affirmative action and equal opportunity employer and educator. Post-offer/pre-employment drug screening is required.*



**Molecular Epidemiologist, Tenured or Tenure-Track Investigator  
Position, National Cancer Institute (NCI),  
National Institutes of Health (NIH), Department of Health and Human  
Services (DHHS)**

The Hormonal and Reproductive Epidemiology Branch (HREB, <http://www.dceg.cancer.gov/hreb>, Chief, Dr. Louise Brinton), a component of NCI's intramural Division of Cancer Epidemiology and Genetics (DCEG), is recruiting a molecular epidemiologist to develop an independent research program focused on breast and/or other hormonally-related cancers of women. It is expected that the successful candidate will develop a distinctive interdisciplinary program that complements ongoing investigations and builds on the existing strengths of NCI's Intramural Research Program. Current research includes the identification of common susceptibility genetic loci, molecular profiling of tumors to evaluate etiologic heterogeneity and determinants of prognosis, identification of early markers of risk (e.g., mammographic density), measurement of circulating and local levels of endogenous hormones using novel assays, and assessment of other biomarkers. Candidates must have a doctorate in epidemiology, or a medical degree or doctorate in a biologically-relevant discipline (with additional training or post-doctoral experience in epidemiology). They must have at least three years of post-doctoral research experience and an established record of publications that demonstrates their ability to design, conduct, analyze and interpret data from molecular epidemiology studies. Candidates should have knowledge of and demonstrated capacity to apply state-of-the-art epidemiologic, statistical and laboratory methods in at least one of the following areas of research: mechanisms of carcinogenesis, natural history of cancer precursors, hormonal carcinogenesis, genetic susceptibility, or pathologic/molecular tumor characterization. Evidence of ability to collaborate with biostatisticians, laboratory investigators and physicians (pathologists, radiologists and clinicians) and direct multi-disciplinary research is required. Candidates must document the strong communication skills that will be required to write effective research papers, present work at scientific meetings, and convey information clearly to staff, collaborators, consultants and contractors. Candidates must also be sufficiently experienced to function independently, both in the development of their own research efforts, and in the mentoring and supervision of less experienced investigators. Appropriate office space and resources will be provided.

Salary is competitive and commensurate with research experience and accomplishments, and a full Civil Service package of benefits (including retirement, health insurance, life insurance, and a thrift savings plan) is available. Candidates may be eligible for the NIH Loan Repayment Program (<http://www.LRP.NIH.gov>). This position is not restricted to U.S. citizens. Interested individuals should send a cover letter, curriculum vitae, brief summary of research interests, experience and future plans, three copies of selected publications and three letters of reference to:

Ms. Judy Schwadron  
Division of Cancer Epidemiology and Genetics  
National Cancer Institute  
6120 Executive Blvd., Room EPS 8073  
Rockville, MD 20852-7242  
Email: [schwadrj@mail.nih.gov](mailto:schwadrj@mail.nih.gov)

The closing date of the advertisement is June 15, 2009; however, the search will continue until a qualified candidate is found. A completed package of your application is required in order to be considered for this position.

**DHHS and NIH are Equal Opportunity Employers.**

**Stay In Touch with Epidemiology!**

**[www.epimonitor.net](http://www.epimonitor.net)**

**FOUR POSITIONS IN HEALTH SERVICES/ OUTCOMES RESEARCH**

The Department of Pharmaceutical Systems and Policy at West Virginia University (WVU) School of Pharmacy seeks applications to appoint FOUR tenure track faculty members at the assistant, associate, or professor rank. These are 12-month, tenure track, positions. Responsibilities include: graduate and professional program teaching and procurement of federal grant funding to support an independent research program. Ph.D., or equivalent terminal degree with a strong research focus in one or more of the following: epidemiology, health economics, population health, translational, or health behavior research. Interested persons should e-mail a letter of interest, curriculum vitae, and contact information for three professional references to [vsctt@hsc.wvu.edu](mailto:vsctt@hsc.wvu.edu) and copy to [afame@hsc.wvu.edu](mailto:afame@hsc.wvu.edu). For more information about this position and WVU School of Pharmacy visit: <http://www.hsc.wvu.edu/sop/>. Applications will be considered as they are received and will be accepted until all the positions are filled. WVU is an Equal Opportunity/Affirmative Action Employer.

**ASSISTANT PROFESSOR**

The Channing Laboratory, in the Department of Medicine at the Brigham and Women's Hospital/Harvard Medical School, Boston seeks a F/T faculty member (Assistant Professor) with a special interest in the epidemiology of colorectal cancer. Opportunities exist for collaboration with an active research group. Preference will be given to individuals who have demonstrated a high level of scholarship and the ability to obtain grant support for their research. Medical or advanced training in biology is a distinct advantage. Applicants should have a doctorate in epidemiology or equivalent and a minimum of 4 years experience. Send statement of interest, full CV, a brief description of research goals and accomplishments, a summary of current and past grant support, names of 3 references and representative reprints of 3-5 original reports to: Kevin Mulkerrins at [Kevin.mulkerrins@channing.harvard.edu](mailto:Kevin.mulkerrins@channing.harvard.edu).

Brigham and Women's Hospital/Harvard Medical School Equal Opportunity/Affirmative Action Employers actively committed to increasing the diversity of our faculty: women and members of underrepresented minority groups are therefore strongly encouraged to apply.



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
National Health and Environmental Effects Research Laboratory**

**Supervisory Health Scientist  
Or  
Supervisory Medical Officer**

The U.S. EPA's National Health and Environmental Effects Research Laboratory (NHEERL) in Research Triangle Park, NC, is seeking qualified applicants for the position of Supervisory Health Scientist or Supervisory Medical Officer. This career opportunity serves as Chief of the Epidemiology and Biomarkers Branch (EBB) within the Human Studies Division (HSD), located on the medical campus of the University of North Carolina at Chapel Hill. HSD maintains a Medical Station staffed and equipped to conduct physical examinations and medical procedures. The primary mission of EBB is to characterize exposure-dose-response relationships to environmental pollutants among the general population and special susceptible populations (e.g. children, elderly). Epidemiology is applied to a range of environmentally-related health effects, with an emphasis on using molecular and cellular events that occur in humans to study relationships between pollutant exposure and health effects. Research is conducted to describe, explain, evaluate and predict environmental health outcomes related to such exposures in both observational and experimental settings.

As Chief of the Epidemiology and Biomarkers Branch, the incumbent is responsible for leading and managing a broad-scale research program in environmental epidemiology and human biomarkers. In addition, the Medical Officer position would share, with other staff physicians, in the responsibility of conducting subject physicals and serving as duty doctor for the Medical Station. The Health Scientist position has a basic educational requirement. The Medical Officer position has a medical licensure and a basic educational requirement. Please visit [www.epa.gov/nheerl](http://www.epa.gov/nheerl) for more information on the Laboratory in which this position is located.

**HOW TO APPLY:** This position is advertised through the Office of Personnel Management's USAJobs web site: <http://www.usajobs.gov>: vacancy announcement RTP-DE-2009-0073 for the Supervisory Health Scientist; and RTP-DE-2009-0076 for the Supervisory Medical Officer. Applicants must meet all qualification requirements as outlined in the vacancy announcement. Applicants must be U.S. citizens. Application deadline is May 12, 2009.

The U.S. Environmental Protection Agency is an Equal Opportunity Employer.

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### 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.