

Paper in *Epidemiology* Proposes Creation Of A New Knowledge Translation Subspecialty

In 1989 at an epidemiology and ethics meeting in Birmingham Alabama just prior to the meeting of the Society for Epidemiologic Research, a professor of ethics asked epidemiologists---What are your allegiances? Do these allegiances have priorities? To the truth? To the social welfare? To employers? What is epidemiology all about? (Epi Monitor, October 1989).

New Context in 2012

At that time, reaching agreement on the answers to these questions was considered important for the

development of a proper code of ethics. Now some 23 years later, the questions of allegiance and purpose have been raised again in a recent series of papers in *Epidemiology*. This time the issue is not about ethics per se but about a proposed new subspecialty in epidemiology focused on knowledge and evidence translation. The authors have stated very clearly that while epidemiologists have allegiances to the truth and the public health, the primary allegiance should be to the improvement of human health.

- *Subspecialty continues on page 2*

Presidential Candidates Questioned On Science Topics And Rated On Their Answers

Policy, Pandemics, and Public Health Are Included In Top 14 Science Questions of 2012

The organization ScienceDebate.Org sought input from 14 science organizations and scientists to identify what are considered the most important science policy questions facing the US in 2012. A list of these questions is provided below.

In addition, Scientific American

evaluated and rated the candidates answers on a five-point scale (with five being best), using the following criteria: how directly and completely they answered the question; scientific accuracy; feasibility (including economic viability and clear accounting for both revenues

- *Candidates continues on pg 4*

In This Issue:

-3-

**Commentators
Fear New
Subspecialty**

-5-

**Dictionary of
Epidemiology**

-12-

**Victora & Morabia
Featured Speakers
in Portugal**

-13-

Notes on People

-14-

Jobs

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"the current incentives structure in academia cannot be fixed by tinkering at the edges."

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The EpiMonitor

2300 Holdomb Bridge Rd

Ste. 103-295

Roswell, GA 30076 USA

678.361.5170 / Phone

call or email for Fax#

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A Proposal

Writing in this month's issue of *Epidemiology*, David Dowdy and Madhukar Pai make a case for creating "Accountable Health Advocates" (AHA's), a new subspecialty of epidemiologists which would focus more intentionally on the translation or use of epidemiologic findings to improve public health.

Support for this work would come from a reallocation of resources or creation of new rewards and incentives for epidemiologists who choose this career path. At present, the authors say there are many disincentives for epidemiologists to advocate for the utilization of established evidence, including "professional fallout" from a perceived lack of objectivity and difficulty of publishing such work in scientific journals.

Why Needed

Why are Accountable Health Advocates needed? According to Dowdy and Pai, there is a surplus of relevant public health evidence, and a deficit in the utilization of these findings to improve population health. At some point they argue, greater balance needs to come about and will come about between the creation of knowledge and the use of this knowledge. Otherwise public support for the creation of knowledge will become unsustainable and unjustifiable, according to the authors. This conclusion applies to all of the science enterprise, and they believe

epidemiology should begin to correct this balance now because it has a "head start" on other disciplines which lack epidemiology's history as a public health or applied discipline.

Interview With Dowdy

In an interview with The Epidemiology Monitor, Dowdy expressed his view that the prime reason many epidemiologists entered the field to begin with is because they want to make the world a healthier place. But, according to Dowdy, "the current incentives structure in academia cannot be fixed by tinkering at the edges. Rather, a fundamental shift in that structure is necessary if the incentives of epidemiology are to be re-aligned with the goals of public health." It is focused on promotions through grants and publications designed to generate and disseminate new knowledge deemed useful by other scientists. This incentives structure is preventing epidemiologists from achieving the ideal of improved public health that inspired them to enter the field in the first place. According to Dowdy, we have to create new structures to better achieve our ideals, and to meet the goals society sets for us.

Ultimately, the authors envisage all of the new practices as making a direct impact on health and thus being appreciated by the public as more relevant to their health needs. This increased relevance could in turn help maintain the support for research institutions that are contributing in this way.

Commentators Fear New Subspecialty Would Diminish Responsibility All Epidemiologists Have To Translate Knowledge Into Action

Commentaries by the University of Texas' Roberta Ness and the University of South Carolina's Robert McKeown published in *Epidemiology* on the Accountable Health Advocates (AHA's) proposal by David Dowdy and Madhukar Pai to create a new subspecialty in epidemiology have been critical. The commentators did not offer support for the concept of AHA's even though both said they agreed with many of the key points in the arguments made.

Why then not support the concept?

Ness Commentary

According to Ness, knowledge translation should be the responsibility of all epidemiologists, not just those who want to specialize in that area. Ness called knowledge translation epidemiology's "raison d'être, our reason for being." She disagreed on the specifics of the proposal but raised the ante for the entire profession by calling for a "Universal Health Advocacy" role through which all epidemiologists would actively engage in public health policymaking. More specifically, she would have all epidemiologists engaged in translation 1) by making public health recommendations, 2) implementing intervention programs, and 3) participating as advocates.

Audacious Idea

Ness recognizes that her proposal is, in her words, "audacious" because prominent epidemiologists have argued against involvement in

policymaking. But as she told The Epidemiology Monitor, "the crux of the argument against advocacy is that it will 'bias' us and...bias is universal – conflict of interest is what we must guard against."

Lack of Consensus

This lack of agreement about the role of epidemiologists in the profession as a whole was reaffirmed recently by the International Society for Environmental Epidemiology. It stated in the recent update of its code of ethics that "there is no consensus among ISEE members as to whether environmental epidemiologists have a duty to go beyond objectively communicating facts or to become policy advocates." (Epi Monitor, September 2012). For these reasons, the proposal by Dowdy and Pai is less audacious and perhaps more pragmatic since it seeks to garner support for epidemiologists who already have a shared value around knowledge translation activities.

Public Health Inaction

Ness agrees with Dowdy and Pai that translation of evidence is a problem. She called current translation efforts "deplorably slow" and cites examples about the delay in uptake of interventions to prevent cardiovascular disease long after the evidence for the value of

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-Commentators continued on page 7

- Candidates continued from page 1

and costs); potential benefits to health, education and the environment; and sustainability (meaning how well the proposed solutions balance the needs of current and future generations).

Overall, they found that “Romney was more specific about what he would like to do in the next four years than Obama. His responses also fared better on feasibility. Obama had the upper hand on scientific accuracy. Romney's answers on climate change, ocean health and freshwater, in particular, revealed an unfamiliarity with the evidence that shows how urgent these issues have become. “

Epidemiologists' Interests

Since epidemiologists are likely to be interested in questions related to science and public policy, pandemics and biosecurity, and vaccinations and public health, answers to these three questions are also presented below. Romney scored a 4 and Obama a 3 on Pandemics and Biosecurity. Obama scored a 3 and Romney a 2 on Science in public policy and both scored a 4 on the topic of vaccinations and public health.

1. Innovation and the economy---What policies will best ensure that America remains a world leader in innovation?

2. Climate change---What is your position on cap-and-trade, carbon taxes and other policies proposed to address global climate change? And what steps can we take to improve our ability to tackle challenges like

climate change that cross national boundaries?

3. Research for the future---Given that the next Congress will face spending constraints, what priority would you give to investment in research in your upcoming budgets?

4. Education---In your view, why have American students fallen behind over the past three decades, and what role should the federal government play to better prepare students of all ages for the science- and technology-driven global economy?

5. Energy---What policies would you support to meet the demand for energy while ensuring an economically and environmentally sustainable future?

6. Food---What steps would you take to ensure the health, safety and productivity of America's food supply?

7. Freshwater---What steps, if any, should the federal government take to secure clean, abundant freshwater for all Americans?

8. The internet---What part, if any, should the federal government play in managing the Internet to ensure its robust social, scientific and economic role?

9. Ocean health---What role should the federal government play, domestically and through foreign policy, to protect the environmental health and economic vitality of the oceans?

- Candidates continued on page 8

“Romney was more specific about what he would like to do in the next four years than Obama.”

“Obama had the upper hand on scientific accuracy.”

International Epidemiological Association Calls for Submissions For 6th Edition of the Dictionary of Epidemiology

Have you got a new term you would like epidemiologists to use or maybe a change in current terminology you think is needed? Now is your chance to get in early and become a member of the multidisciplinary team that will rewrite the next edition of the Dictionary of Epidemiology.

The International Epidemiological Association (IEA) and Oxford University Press are calling for submissions to the new 6th edition of the Dictionary of Epidemiology. The new edition will be edited once again by Miquel Porta from the Hospital del Mar Research Institute and School of Medicine in Barcelona. Plans are for the next edition to be published in 2014 to coincide with the 20th IEA World Congress of Epidemiology to be held in Anchorage Alaska.

Members of the epidemiology community worldwide are invited to contribute corrections of existing definitions, new material, and any relevant suggestions such as proposals to remove some of the terms already in the dictionary.

In an interview with the Epidemiology Monitor, Porta was asked why the

Dictionary is being revised now. He told the newsletter that the purpose for carrying out the revision is the amazing evolution of the discipline. He was keen to note that editing the Dictionary has been a collegial effort for over 30 years, since John Last edited the first edition.

Asked about the strengths of the current edition, Porta said the inclusion of more terms from the biological, clinical and social sciences broadened the interface with other disciplines.

Asked about improvements needed in the new edition, Porta pointed to the need to identify and select terms from the numerous new developments in epidemiologic methods.

In the near future, the Dictionary will be available online as part of Oxford Reference, which includes some 200 dictionaries of various types.

To make contributions to the next edition of the Dictionary, visit

<http://www.termcat.cat/docs/Epidemiology/Epidemiology.html>

“the purpose for carrying out the revision is the amazing evolution of the discipline”

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Not About The Model

Dowdy told the Epidemiology Monitor that he would be among the first to admit that the AHA model proposed is a “simplistic” one. He said the primary aim of the paper was not to put forth and defend the specifics of a particular model for more active advocacy by epidemiologists, but rather to jump start a conversation about the disconnect between epidemiologists and their ideals for improving public health.

He said the idealist in him hopes that when epidemiologists read the article they will sense this disconnect between current structures and their ideals, and as more colleagues recognize this and that others feel this way, then he hopes an organic uprising will occur directed at reform of existing incentive structures.

The skeptic in him, he said, believes that existing power structures are aligned against such a fundamental restructuring, and only external pressures from a new reality such as deep funding cuts will succeed in bringing about reform.

Comments From Pai

In comments to The Epidemiology Monitor, co-author Madhukar Pai pointed out some of the difficulties in knowledge translation. “Acting on evidence is hard because it requires engaging with policy makers, funders, communities, and field level health workers who have to act on the policies/evidence,” he said. Also, other reasons this work is hard are it may take years before impact is

visible and the work can become political which “pure” scientists want to shy away from. According to Pai, “it is also worth noting that the US is probably much more focused on basic knowledge creation and discovery than other countries which are much more friendly to knowledge translation and policy work. For example, Canada is big on knowledge synthesis, knowledge translation and converting evidence into policies. There is a lot of emphasis on evidence-based clinical and public health practice, and funding agencies such as Canadian Institutes of Health Research are quite happy to fund such work. The US/NIH, on the other hand, is very discovery/basic science focused.

Call For A Discussion

Our main concern said Dowdy is not so much about whether the model is right but about whether or not the status quo is acceptable. He stated that he and his co-author are interested in continuing the conversation in the hope of eventually achieving a collective vision of the status quo which is better than the current one.

Comments from readers on this topic are welcome and encouraged. Responses from the authors will be posted online as well as those from our readers. Join and follow the conversation at :

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certain interventions had been established.

Also, Ness highlights that financial interests can often block effective use of data. She believes that in addition to individual advocacy, there is “strength in numbers” and professional epidemiology organizations must also take on the task of advocating for evidence based public health interventions if there is to be improved chances of removing obstacles to evidence-based public health. The proposal by Dowdy and Pai is focused only on individual epidemiologists and their roles.

McKeown Commentary

Robert McKeown also withholds his support for the concept of AHA’s because he believes the same objectives can be achieved without the creation of a new subspecialty. And, in agreement with Ness, he believes such a new creation would encourage other epidemiologists not focused on translation to believe they do not have responsibilities in this domain.

Team Solution

More specifically, McKeown argues that a better approach would be to rely on multidisciplinary teams since many members of these teams will possess the skill sets which epidemiologists may lack. The importance of such teams has been highlighted in recent reviews of case studies of successful translation by the American College of Epidemiology. As reported in The Epidemiology Monitor the most important ingredient for success...

seems to be placing a high priority on a specific issue, and recognizing that this decision needs to be followed by a strong and long-term multidisciplinary approach.” (Epi Monitor, June 2012).

No One Size Fits All

Also, epidemiologists take on different roles at different times in the process of addressing public health problems, according to McKeown. Some may not be able to engage in data translation activities because of employers or lack of know-how, and they are nevertheless still responsible for conducting research that has as its goal the improvement of public health.

Ethical Obligation

Going further, McKeown argues that all epidemiologists have a fundamental ethical obligation and commitment to enhance population health and that accountability is part and parcel of responsible epidemiologic practice in general. McKeown elaborated on his view that the obligations to improve public health may take the form of doing excellent research that produces results important to public health.

Stalemate In Epi

There appears to be a stalemate on reaching agreement about core values in epidemiology. However, in academia, knowledge generation activities receive extensive support and translation activities receive

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-Candidates continued from page 4

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"The first priority must be to ensure that America has adequate supplies of safe and effective vaccines."

10. Space---What should America's space exploration and utilization goals be in the 21st century, and what steps should the government take to help achieve them?

11. Critical natural resources---What steps should the federal government take to ensure the quality and availability of critical natural resources?

12. Vaccination and Public Health---What actions would you support to enforce vaccinations in the interest of public health, and in what circumstances should exemptions be allowed?

Obama: Today, there are too many Americans who do not get the preventive health care services they need to stay healthy. Many people put off preventive care because the deductibles and copays are too expensive. That's why I fought for the Affordable Care Act, which will make sure all Americans have access to quality preventive health care services. Under the Affordable Care Act, Americans can now get vital preventive services – including the full suite of routine vaccines recommended by the Advisory Committee on Immunization Practices – with no co-pay or deductible.

The health care law also created the Prevention and Public Health Fund, an investment in promoting wellness, preventing disease, and investing in public health infrastructure across the country. It will help us transform our health

care system from a focus on sickness and disease to a focus on prevention and wellness. The law also proves authority to states to purchase adult vaccines with state funds at federally-negotiated prices, supporting state vaccination programs. Ultimately, I believe the health care law is a significant step forward in ensuring that every American has access to the preventive care and immunizations that they need to stay healthy.

Romney: The first priority must be to ensure that America has adequate supplies of safe and effective vaccines. Making vaccines requires complex facilities and highly skilled workers, which means that America must continue to strengthen its advanced manufacturing capabilities.

Second, preventing outbreaks of these diseases also requires that these vaccines are used effectively. The vaccines only work to prevent outbreaks when a sufficient number of people are protected from the diseases and thus able to stop a bug from spreading from one person to the next, which means that the vast majority of Americans need to take steps to receive vaccinations.

Finally, America must have a robust research and development enterprise capable of constantly improving on the tools available to prevent these diseases. That means taking steps to ensure that America remains the most attractive place to develop and commercialize innovative, life-saving products like vaccines. The issue of medical innovation has arisen at several points throughout this

-Candidates continues on page 9

survey, underscoring its importance to America's scientific and economic leadership in the coming years.

America has historically dominated the field, but uncompetitive policies in areas ranging from taxation to regulation to trade and human capital are threatening that leadership. Recent years have seen an unprecedented exodus of investment from the United States to more innovation-friendly markets. My innovation agenda, is aimed at reversing that tide.

13. Pandemics and

biosecurity---In an era of constant and rapid international travel, what steps should the U.S. take to protect our population from emerging diseases, global pandemics or deliberate biological attacks?

Obama: We all are aware that the world is becoming smaller every day. Advancements in technology allow Americans to travel internationally with ease, and allow us to welcome individuals from around the world. This fluidity also requires that we, as a nation, are cognizant to the threats we face and are prepared to protect against them. I will continue to work to strengthen our systems of public health so we can stop disease from spreading across our borders.

It is also important that should these threats breach our borders, our communities can respond quickly, effectively, with the greatest impact, and with the fewest consequences. Lastly, to help our country prepare to meet these challenges, we have been working with the private sector

to assess potential vulnerabilities. I have no doubt that we can counter any threat we face, but we cannot face it alone. We must continue to work with our international partners, remain diligent in seeking out new threats, and prepare to act should a need arise.

Romney: Pandemics are not new — they have happened at different points throughout human history. And it is a certainty that, at some point in the future, they will happen again. Fortunately, America today is better prepared than ever to face a pandemic. In part, this is because researchers are learning so much more about infectious diseases, how they work, and how they spread. Unfortunately, globalization has enabled the spread of these diseases much more rapidly from previously remote corners of the world to the busiest airports and cities.

To further improve preparedness, we must continue to invest in the best public health monitoring systems that can be built. I will also encourage advancements in research and manufacturing to increase scientific understanding of new pathogens and improve response time when they emerge. The development of new countermeasures, from diagnostics to antibiotics and antivirals to respirators, will help protect human lives in the face of new bugs and superbugs.

Unfortunately, the Obama Administration has taken numerous steps that are stifling medical innovation. He has imposed new taxes on innovative companies. He

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"I will ensure that the best available scientific and technical information guides decision-making"

has empowered bureaucrats to manage the marketplace. His FDA has slowed the drug development process and inserted requirements that drive up the cost of developing new antibiotics. A robust public health system is only as strong as the tools available, and I will empower the private sector to pursue the breakthroughs that will equip society for the health challenges of the twenty-first century.

14. Science in public

policy---How will you ensure that policy and regulatory decisions are fully informed by the best available scientific and technical information and that the public is able to evaluate the basis of these policy decisions?

Obama: Whether it's improving our health or harnessing clean energy, protecting our security or succeeding in the global economy, our future depends on reaffirming America's role as the world's engine of scientific discovery and technological innovation. Our policies should be based on the best science available and developed with transparency and public participation.

Soon after taking office, I directed the White House Office of Science and Technology Policy to ensure that our policies reflect what science tells us without distortion or manipulation. We appointed scientific advisors based on their credentials and experience, not their politics or ideology. I also have insisted that we be open and honest

with the American people about the science behind our decisions.

During my presidency, I have been working to improve transparency and public participation – for instance, by expanding public disclosure of pollution, compliance, and other regulatory information to more efficiently provide the public with information necessary to participate in key environmental decisions. Over the next four years, I will continue seeking new ways to make scientific information more transparent and readily available to the public.

Only by ensuring that scientific data is never distorted or concealed to serve a political agenda, making scientific decisions based on facts, not ideology, and including the public in our decision making process will we harness the power of science to achieve our goals – to preserve our environment and protect our national security; to create the jobs of the future, and live longer, healthier lives.

Romney: Sound science is crucial to good public policy and, as the question highlights, it is important not only to use sound science in the regulatory process but also to do so in a transparent manner that allows for public participation and evaluation. I will ensure that the best available scientific and technical information guides decision-making in my Administration, and avoid the manipulation of science for political gain.

-Candidates continues on page 11

Unfortunately, President Obama has repeatedly manipulated technical data to support a regulatory agenda guided by politics rather than science. For example, his "Utility MACT" rule is purportedly aimed at reducing mercury pollution, yet the EPA estimates that the rule will cost \$10 billion to reduce mercury pollution by only \$6 million (with an "m"). This has not stopped the President from trumpeting the rule as "cost-effective" and "common sense," while claiming it will "prevent thousands of premature deaths." The trick? Making the rule so expensive that it will bankrupt the coal industry, and then claiming that the elimination of that industry (and its hundreds of thousands of jobs) would have significant benefits.

In a Romney Administration, sound science will inform sound policy decisions, and the costs and benefits of regulations will be properly weighed in that process. I will pursue legislative reforms to ensure that regulators are always taking cost into account when they promulgate new rules. And I will establish a regulatory cap, so that agencies spend as much time repealing and streamlining outdated regulations as they spend imposing new ones. ■

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significantly less support and attention. The Dowdy and Pai proposal seeks to break this stalemate, not by persuading all epidemiologists to act on translation, but by creating a new and incentivized career pathway for those who do agree about the paramount importance of improving public health and are willing to actively work to make this happen.

Need For More Complex Model

McKeown does not comment on public health inaction or the "deplorably slow" pace of translation, however, he does point to a variety of issues surrounding the challenge of translation which he believes should be explored further. If the policymaking and translation process are indeed complex as many observers have noted, then McKeown argues we need a model of this process which is more nuanced and sophisticated than what Dowdy and Pai are offering. He says "the probing exploration of these issues...would require asking why the movement from discovery to meaningful implementation and impact is so hard and takes so long and is often so limited or selective."

Rejoinder

In a rejoinder to the commentaries by Ness and McKeown, Dowdy and Pai express their opinion that the creation of the AHA's will not make non-AHA epidemiologists less concerned with improving public

-Commentators continues on page 13

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Victora and Morabia Are Featured Speakers At Opening Session of 2012 European Congress of Epidemiology in Portugal

"Especially important is the role that could be played in tracking and monitoring disease occurrence..."

Epidemiologists from multiple European and other countries met in Porto Portugal in early September at the University of Porto Medical School and the Institute of Public Health for the annual EuroEpi meeting. Featured speakers at the Opening Session were Cesar Victora from the Post-Graduate Program in Epidemiology at the Federal University of Pelotas in Brazil and Alfredo Morabia from Columbia University and Queens College in New York City.

Millenium Development Goals

Brazil's Victora, current president of the International Epidemiological Association, spoke about challenges surrounding the Millenium Development Goals for 2015, particularly those on child survival and maternal health topics. He reported that there has been progress in reaching the goals, but the rate of progress is slower than desired.

insufficient or no progress.

Deaths among children under five worldwide have declined from 12 million a year in 1990 to 7.6 million in 2010. For this outcome, 23 Countdown countries are on track but 13 have made little or no progress.

Role for Epidemiologists

Victora called for epidemiologists to get more involved in setting the post-2015 agenda through the auspices of "Beyond 2015", a campaign for a strong framework to be used as the successor to the Millienium Development Goals. Victora and colleagues have recently published an editorial in the International Journal of Epidemiology describing the roles epidemiologists can play in future global health initiatives (2012;41:1219-1220). Especially important is the role that could be played in tracking and monitoring disease occurrence to better inform policies and programs.

"...epidemiology was born exactly 350 years ago..."

Progress or Not

For example, as reported by Countdown 2015, a program to track and support country progress towards these goals, maternal deaths have dropped from 543,000 a year in 1990 to 287,000 in 2010. Only 9 of 75 Countdown countries where more than 95% of all maternal and child deaths occur are on track to achieve their 2015 goal for reducing maternal deaths. According to Countdown, a full 25 of these countries have made

The Birth of Epidemiology

Morabia was the second featured speaker and his admittedly provocative goal in giving the presentation was to persuade the audience that epidemiology was born exactly 350 years ago---and not at the time of John Snow as is widely believed. According to Morabia,

-Portugal continues on page 13

- Portugal continued from page 12
medicine was powerless in the face of disease and epidemics since the time of the Greeks 4,000 years ago because of a conceptual block in how its observations were made. There was no population view or thinking. Medicine was too centered on righting imbalances in bodily fluids and thus too centered on individuals achieving this balance. He likened this view to that of modern day ideas about developing personalized medicine which he called "a mirage".

Epidemiology's Big Bang

It is only when data about deaths were centralized for the first time in the 1600's in response to concerns about plague and being able to track the occurrence of that disease that conditions were created for epidemiology to appear. He said that when deaths and births were registered for the first time and later examined by Graunt, it was totally unexpected to see a pattern in how these occurred. According to Morabia, epidemiology was born with the appearance of John Graunt's Natural and Political Observations Upon The Bills of Mortality in 1662, exactly 350 years ago. At that precise moment in history, Morabia likened the appearance of this book to a conceptual "big bang" birth for epidemiology. It has grown ever since.

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- Commentators continues from page 11

health and less accountable for achieving that objective. They believe that only time will tell how useful the AHA approach might be. But for now, "the desire to improve health is an urgent one, and we need alternatives to the status quo," they argue. The goal of this proposal is to get us closer to the goal of improved public health, they told The Montor.

Feedback Please

Comments from readers on this topic are welcome and encouraged. Responses from the authors will be posted online as well as those from our readers. Join and follow the conversation at www.epimonitor.net/Forum.htm ■

Notes on People

Deceased: Robert Millikan, Professor of cancer epidemiology at the University of North Carolina, on October 7, 2012. His work focused on better understanding and treatment of breast cancer, particularly for African American women. According to UNC's dean, "The nation has lost a brilliant, humane public health leader."

Presenter: David Williams, Harvard Professor of Public Health, at Yale's Psychiatry Grand Rounds in May. According to Williams, "Your zip code is a more powerful predictor of you health than your genetic code...in some states, there is a 13 year difference in life expectancy based on what county you live in." ■

"the desire to improve health is an urgent one, and we need alternatives to the status quo,"

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NC	Multiple Open Rank Positions	UNC – Gillings SPH	http://www.epimonitor.net/2012-1376.htm
SC	TT Asst/Assoc Prof – Epi	Univ of SC – Arnold SPH	epigen@mailbox.sc.edu
FL	Dir of Dis Control & Hlth Protection	Florida Dept of Pub Health	Karen_Ashburn@doh.state.fl.us
GA	Asst. Prof – Epidemiology	Georgia Southern University	clairerobb@georgiasouthern.edu
CT	TT Faculty – Social & Behavior Sci	Yale University – SPH	sbs.search@yale.edu
NY	Post-Doc Research Trainee	North Shore LIJ Hosp System	http://www.epimonitor.net/2012-1367.htm
IL	Asst/Assoc/Full Professor (1-2)	Univ IL – Chicago	http://www.epimonitor.net/2012-1363.htm

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

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

Location	Position	Employer	Contact
Canada	Asst / Assoc Professor	BC Cancer Agency	jspinelli@bccrc.ca
TX	Pre-Post Doc .Comp Effect. Res	UTMB – Sealy Ctr on Aging	kaprevou@utmb.edu
TX	Sr. Biostatistician	UTMB - Sealy Ctr on Aging	http://www.epimonitor.net/2012-1354.htm
TX	Fellow – Reproduct. Women's Hlth	UTMB	abberens@utmb.edu
TX	TT Asst Prof – Women's Hlth	UTMB	abberens@utmb.edu
VA	FT Epi Faculty	EVMS	flannejg@evms.edu
MA	Asst / Assoc Professor	UMASS Medical School	tfield@meyersprimary.org
MD	Research Fellow	Food & Drug Administration	Tomoko.Shimakawa@fda.hhs.gov
WA	Epidemiologist	Washington DPH	phyllis.reed@doh.wa.gov
OK	Epidemiologist	Oklahoma DPH	PersonnelServices92A@health.ok.gov
MD	Research Manager	Ctr for Medical Tech Policy	ty.williams@cmtpnnet.org
OR	Principal Executive	Oregon Health Authority	luci.longoria@state.or.us
OH	Post-Doctoral Position	Univ. of Cincinnati Medical Ctr.	wutg@ucmail.uc.edu
VT	Postdoctoral Associate	Univ. of Vermont	Dawn.Pelkey@uvm.edu
NC	Open Rank Faculty (TT-Tenured)	Dept of Epi – UNC/CH	Sharon_Sullivan@unc.edu
MD	Health Policy Fellow	Ntl Center for Health Statistics	nchs@academyhealth.org
NY	Data Analyst	Montefiore Medical Center	schwart@fdny.nyc.gov
MI	TT Health Administration	Univ Michigan – Flint	sselig@umflint.edu
OH	Asst / Assoc Faculty – Epi	Case Western Reserve	jean.farah@case.edu
CA	HIV Epidemiologist	Alameda Cty Pub. Health Dept	neena.murgai@acgov.org
AR	TT Faculty – Epidemiology	UAMS – College of Public Health	Lafischbach@uams.edu
IL	Technical Director	Univ Chicago Comp. Cancer Ctr	cmiller2@bsd.uchicago.edu
OH	Chair Dept of Epi & Biostatistics	Kent State University	relmer@kent.edu
NJ	Epidemiologist SAS Analyst	Clinical Resource Network	nowens@crnspg.com
TX	Asst Commissioner for Dis Ctrl	TX Dept of State Health Svc	Sandy.schroder@dshs.state.tx.us
OR	Sr. Mgmt Analyst – Epidemiologist	Lane Cty DPH	Patrick.Luedtke@co.lane.or.us
MT	Epidemiologist	State of Montana DPHHS	hhsea@mt.gov
Canada	Independent Scientist	Ctr for Addiction and Mental Health	kgraham@uwo.ca
NJ	Sr. Research Specialist	Princeton Univ	sboyd@princeton.edu
Canada	Aquatic Epidemiology	Univ of Prince Edward Island	cver@upe.ca
MN	Research Fellow Cardio Epi	Univ of Minnesota	kane@umn.edu
OK	Tobacco Use & Prevention Mgr	OK State DPH	OKTRAIN@health.ok.gov

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



Program Manager, Data Use and Research

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

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

utmb Health

TT Assistant Professor in Women's Health

The University of Texas Medical Branch (UTMB) Center for Interdisciplinary Research in Women's Health invites applications for an entry level assistant professor tenure-track position. Supported through the NIH K12 career development program (*Building Interdisciplinary Research Careers in Women's Health*), the position provides a minimum of 75% protected time for research, a competitive salary and benefits package, and assistance to establish independent, externally funded research.

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

Situated on scenic Galveston Island, UTMB has strong research programs in reproductive health, contraception, aging, infectious disease, adolescent health, preventive medicine, vaccine research, and cancer, among others. Campus is located just minutes away from the beach, the historic Strand district (home of the Galveston Mardi Gras), and America's first indoor/outdoor water park, *Schlitterbahn*. You will also enjoy year-round moderate weather, affordable living, rich cultural diversity, and all the amenities island life has to offer.

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

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

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

utmb Health

NRSA T32 Postdoctoral Fellowship

Interdisciplinary Women's Reproductive Health

The University of Texas Medical Branch in Galveston, TX is accepting applications for one postdoctoral fellow interested in pursuing an academic career in women's health research. This 2-year NIH funded fellowship provides formal and informal training in theory and methods as well as practical experience in conducting clinical research. Program faculty include national experts in statistics, epidemiology, and women's health who can offer many opportunities to participate in data analysis, manuscript preparation, and grant writing in a collaborative environment.

Who may apply: Applicants who have completed a MD, PhD, or equivalent degree in a discipline related to women's health. Must be US citizen, non-citizen national or permanent resident and able to commit full time effort to the program for 2 years.

To apply, send 1) a personal statement including career goals, a brief description of proposed research, and how this training will help achieve your career goals; 2) a current CV; and 3) 3 letters of reference to:

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

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Eight Positions in Prevention of Chronic Disease/Public Health

Purdue University invites applications for eight tenure-track faculty positions in a research cluster centered on Prevention of Chronic Disease/Public Health at the Assistant Professor level or higher. Areas of interest include, *but are not limited to*, public health, epidemiology, health informatics, and health technology. Successful candidates will work collaboratively in an inter-disciplinary cohort to advance the new initiative in Public Health research and education at Purdue University. Qualified applicants in one or more of the areas listed below may apply to up to three of the following positions.

Campus programs of relevance to this cluster hire include the Indiana Clinical and Translational Science Institute <http://www.indianactsi.org>, Regenstrief Center for Healthcare Engineering <http://www.purdue.edu/discoverypark/rche/>, Purdue University Center for Cancer Research <http://www.cancerresearch.purdue.edu/>, and Discovery Park <http://www.purdue.edu/discoverypark/>

Department of Nutrition Sciences

One position of any rank is available in the Department of Nutrition Science for a candidate whose research focuses on the role of diet in prevention of chronic disease.

Department of Health and Kinesiology

One Assistant Professor position is available in the Department of Health and Kinesiology for a candidate whose research focuses on one or more of the core public health areas: Epidemiology, Biostatistics, Admin. & Policy, Behavioral Theory, Environmental Health.

Six other positions will be selected from among the following Departments or joint appointment between Departments.

School of Nursing

One Associate or Full Professor position is available for a faculty member whose established program of research focuses on primary prevention of chronic disease, health promotion, and use of technology in promoting health communication and/or health behaviors.

School of Health Sciences

One Assistant or Associate Professor position is available. Areas of interest include, *but are not limited to*, environmental epidemiology with research focused on neurodegenerative diseases, carcinogenesis, or other chronic diseases resulting from environmental and occupational exposure to metals, pesticides, particulates, or physical agents.

Department of Human Development and Family Studies

One Assistant or Associate Professor position is available. Areas of interest include, *but are not limited to*, childhood obesity, health disparities, methodological and statistical approaches to public health, or family functioning and health.

Department of Consumer Sciences and Retailing

One Assistant or Associate position is available where the focus is on consumer behavior and consumer economics. Research areas that will be considered for this position include demographics, application of analytics and visualization to very large health-related data sets to model health behaviors for disease prevention, forecasting, and other consumer behavior and economics related to disease and public health.

Department of Computer Information Technology

One Assistant Professor position is available. Areas of interest include, *but are not limited to*, electronic health record, data and system security, computerized clinical decision support systems, electronic exchange of health information, and consumer health informatics computer applications.

Department of Computer Graphics Technology

One Assistant Professor position is available. Areas of interest include, *but are not limited to*, user interface design for healthcare and/or Healthcare Informatics applications, large scale health behavior patterns data mining and scientific visualizations, user-friendly mobile computing applications for patient/homecare monitoring, innovative user interfaces for making Healthcare Informatics easily accessible to non-technical populations, information sharing among healthcare providers through informal communities using virtual community and social networking technology, alternate approaches for professional communications in Healthcare Informatics, simulation and gaming.

For information specific to each position go to: <http://www.purdue.edu/discoverypark/ClusterHireinPublicHealth>

Successful candidates will be expected to develop an internationally-recognized research program, interact with diverse faculty, staff and students across campus, contribute to the further development of prevention of chronic disease/public health as an area of excellence on the Purdue University campus, demonstrate excellence in teaching, and function as an active member of the departmental and university faculty. Purdue University is a large and vibrant life and health science community. Our faculty spans disciplines that include basic and social sciences, agriculture, veterinary medicine, pharmacy, and engineering. Faculty members also participate in interdisciplinary programs in health and human sciences.

Applicants should have a PhD or MD, post-doctoral experience depending on field of study, a strong publication record, the potential to develop a vigorous, extramurally-funded research program, and a commitment to research and teaching excellence. Applications should include in a single pdf file a cover letter, curriculum vitae, two-page summary of research interests, and a one-page teaching statement. Applications and three letters of recommendation should be submitted electronically to haan@purdue.edu. Screening of applications will begin on August 1, 2012 and will continue until the positions are filled. A background check will be required for employment in these positions.

Purdue University is an Equal Opportunity/Equal Access/Affirmative Action Employer fully committed to achieving a diverse workforce.

Training Courses for Public Health Professionals

Cosponsored by Emory University (RSPH) and
The Centers for Disease Control & Prevention (CDC)
(Atlanta, Georgia)

Directed by Philip S. Brachman, M.D.

Environmental Microbiology: Control of Foodborne and Waterborne Diseases

January 7 - 12, 2013

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

Public Health Surveillance

May 6 - 10, 2013

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

Epidemiology in Action

June 3 - 14, 2013

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

Contact person: Pia Valeriano, MBA

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

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



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18

Medical Technology and Policy Researcher for Regence, Portland, OR

This position will:

- Research and critically appraise scientific literature and current standards of care for medical technologies; write evidence-based medical policies
- Provide professional level of clinical medical technology knowledge and interaction with Medical, Provider and Pharmacy Services staff

Qualifications:

- Health Science degree with graduate level training / experience in clinical science / research
- 2 years' experience in medical policy development / medical technology assessment, including critical appraisal of scientific literature related to medical technologies
- 2 years clinical or clinical research experience

Apply at www.cambiahealth.com/careers to Job # 20421



University of Pittsburgh

Assistant Professor Epidemiology

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a full-time faculty position at the level of Assistant Professor. The position is available immediately and requires an advanced degree in epidemiology with experience in the management and analysis of medical data sets.

The successful candidate will be part of a research group involved in designing, coordinating, and analyzing epidemiologic studies and clinical trials. The individual would also be expected to participate in study management, supervise students or staff, prepare data reports, and participate in writing manuscripts. This individual will also be expected to assist with teaching, by lecturing in courses and mentoring students. This position is outside of the tenure stream and is funded by grants from the National Institutes of Health. Salary will be commensurate with experience.

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

Position #0130216, c/o D. Bushey
Department of Epidemiology
Graduate School of Public Health
A528 Crabtree Hall
University of Pittsburgh
Pittsburgh, PA 15261.

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- Health Disparities
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- Infections and Immunoepidemiology
- Nutritional Epidemiology
- Occupational and Environmental Epidemiology
- Radiation Epidemiology
- Translational Genomics

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<http://dceg.cancer.gov/> (click on "Fellowships")

Additional inquiries: ncidceged-r@mail.nih.gov

Phone: 301-402-7186



Opportunities This Month

16 – NAACCR / Program Manager
16 – Parkland / Infection Preventionist
16 – UTMB / Post-Doc Fellowship
16 – UTMB / TT Asst Prof – Woman's Health
17 – Purdue / 10 Faculty Positions
18 – Emory / Training Classes – Epi
18 – PITT / Assoc-Full Professor - Epi
18 – Regence/ Med. Tech & Policy Researcher
19 – NCI / Pre-PostDoc Fellowships
20 – Milwaukee / 10 Faculty position

*Find more jobs & enhanced details on listed jobs at
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Ron Aron, Advertising Manager
770.670.1946 ron.aron@epiMonitor.net



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JOSEPH J. ZILBER SCHOOL of
PUBLIC HEALTH

10 Positions – Asst/Assoc/Full Professor: Epidemiology (2); Biostatistics (2)

Job Description: The Joseph J. Zilber School of Public Health at the University of Wisconsin – Milwaukee was founded in 2009 with an explicit commitment to social and environmental justice. We seek ten faculty members across all levels to join us in developing novel, transdisciplinary research, education, and practice programs that integrate divergent theoretical, epistemological, methodological and pedagogical approaches to improve overall population health and promote social and health equity. We have openings for scholars with expertise in **epidemiology (2)**, **biostatistics (2)**, public health policy/administration, and environmental/occupational health. In valuing equity, we aim to develop a faculty cohort with gender balance and that reflects the social and racial/ethnic diversity of the communities we serve. We will hire a strategic mix of talented junior and senior faculty, with rank and salary commensurate with the candidate's credentials. All positions will be 100% hard-funded tenure-track (Assistant Professor) or tenured (Associate or Full Professor) 9-month academic year appointments, with attractive benefits and start up packages, and the opportunity to generate summer salary.

Special Instructions to Applicants: Applicants must apply online:

– see www.publichealth.uwm.edu/aboutus/2012FacultyHirePortal. Online submission materials must include (a) a cover letter describing research and teaching interests, (b) a full CV, (c) a research statement describing most significant contributions and current and future research activities, (d) a teaching statement describing approach, experience and evidence of teaching excellence, and (e) contact information for three professional references. The anticipated start date for these positions is August 19, 2013, with other start dates negotiable. Review of applications will begin November 30, 2012 and continue until all positions are filled.

UW-Milwaukee is an AA/EEO Employer and is committed to increasing diversity in recruitment and retention, and advancing our University as an inclusive, caring, and accessible destination campus for all people. UWM is committed to maintaining a safe campus environment to mitigate the established health risks associated with exposure to second-hand smoke. UWM prohibits smoking of tobacco products in University facilities. Under Wisconsin's open records law, requests for confidentiality will be honored, except that names and titles of all finalists must be disclosed upon request. All finalists for this position will require a criminal records review consistent with the Wisconsin Fair Employment Act.