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THE EPIDEMIOLOGY MONITOR

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

Senior Epidemiologists Describe Lessons Learned On Translating Epidemiology Into Policy

Review Paper To Appear In June 2010 Issue of the Annals of Epidemiology

Impressed that the linkages between epidemiology and policy have been written about for more than two decades but without clear guidance emerging for epidemiologists working at the intersection of these two areas, an initiative was begun in 2009 by the American College of Epidemiology to develop a framework which might guide epidemiologists in translating data into action.

The champion behind the project was epidemiologist Roberta Ness from the University of Texas School of Public Health. According to Ness who

championed the project during her year as President of ACE, "for a long time, I had been concerned about a lack of framework for how and when science is moved into policy. This was an attempt to get some of the great minds in epidemiology together to work on that problem."

Results

And now bringing the early phase of this initiative to conclusion after reviewing four cases studies, Ness and colleagues Ross Brownson of

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"Death in old age is inevitable but death before old age is not."

Richard Doll

Author of New Biography on Richard Doll Discusses His Experiences In Writing The Book

"Fascinating", "fair-minded", "impressive", "meticulously documented" and "engaging". These are only some of the adjectives used in recent book reviews in the American Journal of Epidemiology and in the International Journal of Epidemiology to describe a new biography of Richard Doll. Entitled "Smoking Kills – The Revolutionary Life of Richard Doll, UK biographer and professional historian Conrad Keating reveals many things about Doll which persons only familiar with the papers or reputation of the legendary figure would have no way of knowing, and might be surprised to

learn. For example, we learn that Doll was a radical who belonged to the communist party until 1957, became increasingly active over his career in translating data into policy, was a private, enigmatic, and a rarely emotional person.

In his highly readable review in the IJE, Australian epidemiologist Tony McMichael shares an illuminating insight when he compares Richard Doll to Geoffrey Rose and states that Doll's research "...rarely explored the wider (less measurable) horizons of public

- *Conrad Keating Interview, continues on page 3*

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Washington University in St. Louis, Patricia Hartge from NCI, and Jonathan Samet from the University of Southern California, write in the upcoming June 2010 issue of the *Annals of Epidemiology* that careful recordings and assessments of the experiences in the case studies “move us toward more effective practice and policy.” They also conclude that “...no single translation template emerged...” and, of the available frameworks for considering science and policy, “no single framework stands out as superior for translation of epidemiologic evidence.”

Modest Conclusions

These are modest and sobering conclusions for the ACE team which led this initiative since its original goals were to hold workshops, lectures, and symposia in the hope of uncovering clear guidance for epidemiologists to follow. “The outcome is not what I expected,” said Ness, “and I realized as things progressed, that that was for the good. What I learned is that there is not simple roadmap but instead a myriad of paths one can take to achieve a goal. If there is one overarching theme, it is that scientists should take the opportunity to influence policy. Talking to each other is just talking. Moving work into policy is acting on the goal of improving the health of the public.”

The case studies

The case studies selected for study were those describing the experiences of epidemiologists and others targeted at reducing childhood obesity by increasing physical activity, decreasing ill health from secondhand exposure to cigarette smoke, setting policies to reduce traffic accidents from alcohol-impaired driving, and compensating

veterans fairly for exposures incurred during their service.

These case studies were featured in the September/October 2009 issue of the *Epidemiology Monitor* following their presentations at the annual meeting of the American College of Epidemiology in Silver Spring Maryland. The papers written for the *Annals* are a more comprehensive and coherent description of the cases than what appeared in the newsletter. They contain many insights about the challenges of helping to assure an important role for evidence in public health policy making and make for interesting reading for epidemiologists. The key lessons from each of the case studies are the basis of the overview paper by Brownson and colleagues entitled “From Epidemiology to Policy: Toward More Effective Practice”.

Themes

While several individual tips for translating data into action are presented by the authors and the reviewers, perhaps most convincing are the observations that a holistic approach with involvement at multiple steps in the policy setting process is needed and that it takes a whole team of collaborators to change policy, not one study or one investigator bent on bringing about change. The illustrations of impact by the authors of the case studies on alcohol-impaired driving and policy setting and on second hand smoke and smoke free indoor spaces make this point perhaps most strongly.

Attack rate calculators or hell raisers?

In advising epidemiologists, the authors of the review paper in the *Annals* refer to the longstanding debate within the

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- Conrad Keating Interview, con't from page 1

health and social policy in the way that his English contemporary Geoffrey Rose did. Rose had a 'strategy of public health; Doll had a 'philosophy of epidemiological research'."

Rather than publish yet another review, The Epidemiology Monitor interviewed the author to get more behind the scenes information about Doll and about how the book came to be. Keating is the Writer-in-Residence at the Wellcome Unit for the History of Medicine at Oxford University.

EM: Why did you undertake the book and why did it come to you?

Keating: When I first met Richard Doll I was working for the BBC. I was asked to make a film about Doll's work as an epidemiologist and how his science had changed the health of the nation. The first time I met him he cried; but this was not because he had just discovered how little I knew about medicine! Rather it was an emotional response to the memory of what he had seen on the Jarrow Hunger March (similar to your Bonus March on Washington after the First World War) over sixty years before, when at first hand he experienced the waste and despair of the 1930s. As a writer I thought, "He's vulnerable, he's emotional: a biography could provide a unique narrative window into the life of a great scientist."

Doll had been a member of the Communist Party, joining before the Second World War and he wanted to make sure that this episode in his life would be explained in its historical context. Others wanted to write his biography but what swung it for me was that we were compatible in our views of politics, history and literature. Once I had his agreement that I could write the 'authorised' biography, I then set off to find some funding for the

project which I did with varying degrees of success.

EM: The reviewers said you were an obvious admirer. Can you say more about that?

Keating: Richard Doll's work has not saved my life, but he has probably prevented my premature death. I had been a smoker but his public health message that 'smoking kills' eventually persuaded me to change my behaviour. His first paper on the dangers of smoking was published on 30 September 1950, it was greeted with a combination of apathy, disbelief and scientific condemnation. His science was good and true yet he had an extraordinary difficult time in persuading other doctors, scientists, and politicians of the dangers of smoking. He was courageous, taking on the vested interests of Big Tobacco in court cases, but eventually his science won people over. I admired him because early on in his career his political radicalism counted against him.

Also, having spent so long 'digging' through his life, I came to admire his persistence, his work ethic and achievement. However, I do think that there were aspects of his character which I discuss in the book that would have been viewed by him as 'uncomfortable truths' but this is inevitable. More importantly, Doll gave me the strength and belief to do what I had never done before, write a biography, while knowing, that he would not be alive to see the finished product - in fact insisting that would be the case.

- Conrad Keating Interview, continues on page 5

"The first time I met him he cried..."

"His science was good and true yet he had an extraordinary difficult time in persuading other doctors, scientists, and politicians of the dangers of smoking."

"...if all epidemiologists stop short of helping to affect policy then the voice of science will be lost from making decisions that most affect the health of the public."

profession about whether epidemiologists should participate in policy work. Some have argued such involvement is improper for scientists who must remain impartial about evidence, and others have argued that this same involvement is necessary and beneficial in helping to make sure the epidemiologic data are actually used. As one reader once presented the dilemma in overly polarized but interesting terms – are epidemiologists to be only uninvolved attack rate calculators or concerned hell raisers?

Interestingly, the ACE workshop and initiative comes more than a decade after a similar workshop was held in July 1998 sponsored by the Johns Hopkins School of Public Health and the American College of Preventive Medicine. Speakers at that workshop took it as a given that epidemiologists wanted to be involved in policy matters and should be involved in policy making. (See reprint of this report from the August/September 1998 Epi Monitor in this issue).

Middle of the Road Stance

The senior epidemiologists co-authoring this paper do not stake out a clear indication of which side of the debate they stand on and no strong stance on what the role of epidemiologists should be. Nevertheless, they state that "policy makers will continue to set health policy with explicit or implicit scientific input and therefore, decisions are likely to benefit from epidemiologic evidence." Some of the authors have been very involved in the policy making process and have written about or participated extensively in policy related matters. Without urging epidemiologists to jump into the fray, they conclude nevertheless "...if all epidemiologists stop short of helping to affect policy then the voice of science will be lost from making decisions that most affect the health of the public."

Quotable Quotes

For example, Alfred Sommer who was dean of the Hopkins School at the time encouraged scientists to engage in the messy political arena using solid evidence without becoming wild-eyed advocates. Paul Portnoy an economist who was President of Resources for the Future stated that "epidemiologic analysis is not a panacea, and it is hard to control for everything when you are 'committing epidemiology', i.e., doing epidemiologic analysis, but from 20 years experience, I will put my money on epidemiologic analysis every time," he said.

When asked about this middle of the road position by the authors of the paper, Ness said that "the group took an unbiased stance, and that was appropriate, but I will not. I am more concerned about policy having no or a naïve scientific basis than I am about scientists guarding their neutrality. To usurp a biblical quote, I would say, 'if not us, who? If not now, when?'"

Lynn Goldman who was Assistant Administrator of the EPA said that "any wall between decision makers and scientists, which exists because the former fears complexity and the latter fears loss of objectivity, is not intended to be there." Genevieve Matanoski, a professor at Hopkins at the time, said, if scientists take the position that collaborating with policy makers will mean that everyone is biased, then this closes the door to cooperation. "We need communication first, and we can worry about bias later as the least of our problems," she said, adding, "to stop clashes, to move forward,

- *Lessons Learned, continues on page 6*

EM: Why did you call Richard Doll's life "revolutionary"? Was he a revolutionary epidemiologist?

Keating: I've divided the biography into 4 natural revolutionary parts of Doll's life. The Political Revolution (1912-1945), The Medical Revolution (1945-1969), The Academic Revolution (1969-1984), and The Revolution in Public Health (1984-2005). While Doll was very political, what marked him out, what made him important was his science. Doll was a revolutionary in that he ushered in a new era in medicine: the intellectual ascendancy of medical statistics. The most important discovery in the history of cancer epidemiology is the carcinogenic effect of tobacco. After the Second World War, British men had the highest incidence of lung cancer in the world. For the first time in medical history lung cancer deaths exceeded those from tuberculosis and no one knew why. In 1950 over 80% of British middle-aged men smoked, today that figure is less than 20%. More than any other physician Doll has helped to change the health of the nation.

Once described by the British Medical Journal as "perhaps Britain's most eminent doctor," Doll ushered in a new era in medicine: the intellectual ascendancy of medical statistics. According to the British Nobel laureate Sir Paul Nurse, his work, which may have prevented tens of millions of deaths, "transcends the boundaries of professional medicine and into the global community of mankind." Lung cancer still remains the world's most common fatal cancer, and almost 90% of the disease is found within the smoking population. Cancer epidemiology will never make such a groundbreaking discovery again. The US today has a greater population of ex-smokers than

current smokers - one of Doll's great achievements was to show that the benefits of quitting were immediate and had a profound impact on reducing the occurrence of the disease.

EM: How long did the book take you to write?

Keating: I'm a historian, and as a consequence I had a very limited knowledge of statistics, biology and epidemiology when I started out on the project in September 2001. I can honestly say that at times I completely agreed with George Orwell who said that writing a book 'is a horrible, exhausting struggle, like a long bout of some painful illness'. For me, being a writer is like doing any other job in that it has its own problems and rewards. What is true is that it is not for the faint hearted. Writing should be fun and if a writer does not enjoy the process of writing then clearly he should be doing something else. Nevertheless, there are still years of effort, worry and struggle. No freedom, no relaxation, no Sabbath, just endless stomach churning and after all of that there is still the question: "Did I get it right?"

You learn a lot about yourself writing a big biography - it is 500 pages and 26 chapters - over a long period of time. Your heart gets broken, friends die but the reality that life is well worth living remains unshakable. Doll's ambition in life was "to be a valuable member of society," and it has been a privilege to spend almost eight years excavating his life. It takes a long time to metaphorically feel that you can 'put your arms round a subject,' and I spent years trying to understand the man before I could make a genuine attempt to bring some narrative order to what

- Conrad Keating Interview, continues on page 8

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- *Lessons Learned, con't from page 4*

epidemiologists need to take a different stand." The choice is clear she said--- "you can work on something with public health interest or you can stay isolated and you will not have this problem."

Lessons Learned 1998 vs 2009

A comparative table listing the lessons learned from the four case studies in the ACE workshop and the six cases studies in the Hopkins/ACPM workshop is presented at the end of this article. While there are overlapping lessons learned, for example on the importance of improved communication between all parties involved in the policy process, there are several unique tips stemming from each case study.

"...an obsession about getting it wrong and always wanting more data bears a large opportunity cost, i.e., lives not saved while science fiddles."

Fiddling Scientists

Ness nevertheless had this overall guidance for her colleagues in epidemiology. "In my mind, the question of moving science into policy is one of balance and timing. On the one hand, scientists who hype their work before it is ready for prime time may garner instant fame but ultimately they do not serve the public interest. On the other hand, an obsession about getting it wrong and always wanting more data bears a large opportunity cost, i.e., lives not saved while science fiddles. It is tricky but that is the point of this exercise—to try to find a better path."

We invite readers who think they have sighted the better path to write to the Epidemiology Monitor at epimon@aol.com.

We will publish the letters we get on this theme.

Titles of Case Study Papers

The case study papers in the June 2010 issue of the Annals of Epidemiology are entitled as follows:

- 1) Translating Epidemiology into Policy to Prevent Childhood Obesity: The Case for Promoting Physical Activity in School Settings, Ross Brownson and co-authors
- 2) Science, Prudence, & Politics: The Case of Smoke-Free Indoor Spaces, Rachel Widome and co-authors
- 3) Translating Evidence Into Policy: Lessons Learned from the Case of Lowering the Legal Blood Alcohol Limit for Drivers, Shawna Mercer and co-authors
- 4) Case Study: Using Epidemiological Evidence in the Compensation of Veterans, Jonathan Samet and co-authors ■

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Comparison Tables of Lessons Learned at Workshops on Translating Epidemiology into Policy, 1998 & 2009

Table 1

Sponsor	Johns Hopkins School of Public Health and the American College of Preventive Medicine
Case Studies	<ol style="list-style-type: none"> 1. Dioxin Exposure and Cancer in Workers 2. Electromagnetic Fields and Cancer 3. Folate supplementation for prevention of birth defects 4. Needle exchange programs to prevent HIV 5. Particulate air pollution standards 6. Radiation exposure and cancer
Lessons Learned	<p>For a well-organized process is needed. Consider "opponent projects" in taking any action.</p> <p>Develop more evidence based on natural experiments.</p> <p>Understand that policy making is political.</p> <p>Get to know the groups that influence policy dissemination.</p> <p>Distinction and implication research is necessary.</p> <p>Work across disciplines.</p> <p>Anticipate the opposition. Answer the questions that people ask, not the ones we think they ought to ask to make step-by-step progress.</p> <p>Enhance the decision external validity.</p> <p>Evidence synthesis should be trained to interact with public health advocates.</p> <p>Build interdisciplinary teams for policy progress.</p> <p>Classify evidence on its strength for conclusion as sufficient in time, sufficient against, some evidence in time, some evidence in time.</p> <p>Add decision external validity.</p> <p>Create a "pretest team" team work by establishing the relationships between health problems, interventions, and outcomes, collaborate with the stakeholders throughout, summarize the evidence with a credible group and rigorous process, and get the right evidence in the right person's hands at the right time.</p> <p>The need for evidence based policy decisions should be anticipated and addressed.</p> <p>Processes for using scientific evidence should be transparent.</p> <p>Evaluation of evidence needs to be carried out in fully transparent fashion by external, independent groups.</p> <p>Methodology should be used to assess and assess, and methods and scientists to interact as part of the decision making process.</p>

Table 2

Sponsor	American College of Epidemiology
Case Studies	<ol style="list-style-type: none"> 1. Childhood obesity and physical activity 2. Secondhand Smoke 3. Alcohol-impaired driving and policy setting 4. Compensation for veterans exposed during service
Lessons Learned	<p>Communicate results in terms directly relevant for policy, in ways revealing strengths and weaknesses, including sensitivity analysis.</p> <p>Design, analyze and present results to enhance policy.</p> <p>Write clear statements about policy questions in collaboration with decision makers.</p> <p>Create study designs that are relevant for policy and the practical of the limits of the science ahead of time.</p> <p>Stop producing quick answers.</p> <p>Allow for pre and post publication review.</p> <p>Be explicit and keep an open mind.</p> <p>Participate in policy making and appreciate its complexities.</p> <p>Evaluate and communicate uncertainty.</p> <p>Watch conversations about what action to take when uncertainty remains.</p> <p>Consider limitations of the research and its context.</p> <p>Write type reports.</p> <p>Highlight on research are useful but should be seen as a process.</p> <p>Teach epidemiologists to talk with public and policy makers.</p> <p>Support interdisciplinary teams.</p> <p>Support forums and journals, which address the scientific and policy aspects of public health problems.</p> <p>Make forums science and policy meet at least 1/3 time in a forum.</p> <p>Allow sufficient time for interdisciplinary and long range examination of the issues.</p>

-*Conrad Keating Interview, con't from page 5*
we all know is the chaos of life.

"...any history of modern Britain should contain something of Doll's life."

EM: How do you compare the experience of writing this book to the experiences of writing other books?

Keating: This is my first book. In the past I've written film scripts, radio plays, and documentaries. However, for me biography is a part of history, and any history of modern Britain should contain something of Doll's life. Some people view biography more like fiction, but what I wanted to give the reader was a vivid sense of person. The biographical art explores the fascinating question of what we can know about each other and how we can write about it. I also believe if you are going to write the biography of someone it is worth trying to understand them.

EM: As a historian, what did you find was unique about or especially noteworthy of this subject?

"This gave smokers a second chance, and we don't get many of those in life."

Keating: Any history of modern Britain should contain something of Doll's life. I did not want to fit him into a prescribed straitjacket, but I wanted to walk with him through the history of twentieth-century Britain. Because it was all there: his birth in the same year the Titanic was launched, his life in the aftermath of the First World War, his politics, the Jarrow March, Dunkirk, the greatest ever advance in the history of medical science, the rise of the new epidemiology, the Cold War, the Agnostic Adoption Society (which he founded with his wife Joan), the end of the Communist dream - and, above all, how he had exposed the true hazards of smoking. All these subjects had to be investigated if I was to get an understanding of Richard Doll the man. As so many physicians around the

world say that they were inspired by Doll, I wanted to find out what inspired him to dedicate his life to the prevention of cancer.

EM: Have there been other reviews of the book and if so, can you share them with us?

Keating: See the February 22, 2010 issue of the International Journal of Epidemiology, the January 13, 2010 issue of The New Scientist, The June issue of the Journal of Radiological Protection, The Times and the March 3, 2010 issue of the Oxford Medicine.

EM: What was the most important thing you learned about epidemiology?

Keating: Richard Doll took the old science of epidemiology, which had been used in the 19th century to understand infectious diseases, and redesigned it to explain the causes of non-infectious diseases. He defined a programme for prevention, particularly in relation to cancer and cardiovascular disease and signposted the way forward for scientists, educationalists, and politicians. His science took medicine out of the laboratory and hospital ward and put it firmly in society. Doll's epidemiological findings demonstrated to people that quitting smoking prolonged life. This gave smokers a second chance, and we don't get many of those in life.

Smoking Kills: The Revolutionary Life of Richard Doll.

www.signalbooks.co.uk

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IL	Chicago	Northwestern Univ.	Postdoc Position	Phd/MD	Lifang Hou	312/503-4798	l-hou@northwestern.edu	oao 12/28/09
•IL	Chicago	Exponent, Inc.	Epidemiologist	PHD in epi	Cindy Connors	*202/772-4974	cconnors@exponent.com	oao 02/26/10
•IL	Chicago	Univ. of Chi	Postdoc -Mol Epi	PHD/Dr.Ph	Angela Cole	*773/834-0139	epijobs@health.bsd.uchicago.edu	oao 02/26/10
MA	Boston	Harvard School of PH	Pre/Post Doc Fellows-Cancer	Epi	MD,DVM,PhD	Meir Stampfer	stampfer@hsph.harvard.edu	oao 02/26/10
MA	Boston	Harvard School of PH	Epidemiologist	Doc-epi	Meir Stampfer		stampfer@hsph.harvard.edu	oao 02/26/10
MA	Boston	Harvard Medical School	Postdoctoral Fellow	Doc in Epi field	Jiali Han	*617/525-2008	nhhan@channing.harvard.edu	oao 02/02/10
MA	Boston	Harvard PH	Pre/Post Doc-Nutri Epi	Ms,MD,DS,PHD	Meir Stampfer	617/525-2747	stampfer@hsph.harvard.edu	oao 02/26/10
MA	Boston	Boston Univ.	Chief	PHD/MD	Claire Winston-Wade	617/638-7254	claire.winston-wade@bmc.org	oao 01/19/09
MA	Boston	Social Sectors	Epi Res. Sci	PHD	Beth Daly	*617/421-9046	bdaly@ssds.net	oao 01/19/09
MA	Boston	Harvard	Ass't/Assoc Prof	PHD in epi	Sierra Dickstein	617/432-4533	ssohl@hsph.harvard.edu	oao 01/19/09
MA	Worcester	UMASS	Asst/Assoc Prof	MD/PHD	Robert Goldberg	508/856-3991	robert.goldberg@umassmed.edu	oao 08-13-09
MA	Boston	Harvard SPH	Res. Fellow	PHD	Lu Qi	*617/432-2436	nhlqi@channing.harvard.edu	oao 01/23/09
MA	Boston	Tufts Univ.	Faculty Position	doctoral epi	Sara Booth	*617/556-3149	sarah.booth@tufts.edu	oao 05/01/09
MA	Boston	RTI	Research Epi	MPH	Janet Bullock	*919/316-3556	jbullock@rti.org	oao 02/26/10
MA	Boston	Brigham & Young	Research Fellow	Postdoc (epi)	Div. of Pharmacoepi	*617/232-8602	jobs@drugepi.org	oao 12/28/09
MA	Boston	Brigham Young	Ass't Prof	Doctoral degree	Div. of Pharmacoepi	*617/232-8602	jobs@drugepi.org	oao 12/28/09
MA	Boston	BUSPH	Ass't Prof of Epi	PHD,DSc,MD	C. Robert Horsburgh	*617/638-4458	jdavine@bu.edu	oao 02/26/10
MD	Rockville	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 02/26/10
MD	Baltimore	Johns Hopkins University	Predoc Trainee, Cardio Epi	n/a	Lauren Camarata	*410/955-0476	lcamarata@jhu.edu	oao 02/02/10
MD	Baltimore	Johns Hopkins University	Postdoc Fellow, Cardio Dis Epi	Epi Doctoral	Laura Camarata	*410/955-0476	lcamarata@jhu.edu	oao 05/08/09
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	301/827-6089	robert.wise@fda.hhs.gov	oao 02/26/10
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 02/26/10
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 02/26/10
MD	Rockville	FDA	PH Analyst	adv. epi train	Cheryl Reynolds		cheryl.reynolds@fda.hhs.gov	oao 01/19/09
*MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 02/26/10
MD	Bethesda	NIH	PD Fellow	PHD,MD+MPH	Jack Guralnik	301/496-1176	jack.guralnik@nih.gov	oao 02/26/10
MD	Bethesda	Uniformed Univesity	Ass't Prof-Epi	PHD/DrPH	Elvira David	*301/295-1854	edavid@usuhs.mil	oao 07/09/09
MD	Rockville	Westat	Study Mgr	Masters	R. Carow	*301/294-2092	hrhs@westat.com	oao 02/26/10

State	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
MD	Rockville	Westat	Epidemiologist	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 02/26/10
MD	Bethesda	LEDB	Stat. Analyst	MPH	Robert Kramer	301/496-4006	robert.kramer6@gmail.com	oao 12/28/09
MD	Bethesda	NICHD	Postdoc Fellow	MD/PHD	Cuilin Zhang	*301/402-2084	zhangcu@mail.nih.gov	oao 02/02/10
MD	Baltimore	MD DHMH	Epi Specialist	MPH	Michael Coleman	410/767-6739	mcoleman@dhhm.state.md.us	oao 12/28/09
ME	Augusta	ME CDC	Epidemiologist	MPH	Virginia Roussel	*207/287-8299	virginia.roussel@maine.gov	oao 01/19/09
ME	Augusta	Maine DHHS	Director	MPH or equiv	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 01/19/09
ME	Augusta	ME DHHS	Med. Director	MD,DO,MPH	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 01/23/09
ME	Augusta	ME DHHS	Medical Epi	MD/DO	V. Roussel	207/287-1873	virginia.roussel@maine.gov	oao 05/01/09
ME	Augusta	ME DHHS	State Epi	MD/DO	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 07/09/09
ME	Augusta	ME DHHS	Epidemiologist	MPH	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 12/28/09
ME	Augusta	ME DHHS	Infections Epi	MPH	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 03/05/10
MI	Ann Arbor	Univ. of MI	Professor	PHD/MD	Sherry Taylor	*734/647-7950	sherryt@umich.edu	oao 12/28/09
MI	Okemos	MPHI	Epidemiologist	Master's	Tracy Thompson	*517/381-0260	hr@mphi.org	oao 02/26/10
MI	Ann Arbor	Univ of MI	Professor	PHD/MD	Richard Hughes	*734/647-0003	rehughes@umich.edu	oao 02/26/10
MI	Detroit	Wayne State	Postdoc Fellow	PHD	Dr. Dawn Misra	*315/577-3070	dmisra@med.wayne.edu	oao 02/02/10
MN	Minneapolis	Univ. of Minn	Pre/Post Doc - Cancer Epi	MS/PHD	Julie Ross		rossx014@umn.edu	oao 02/26/10
MN	Minneapolis	MN VA Ctr	Assoc. Director	MD,PHD,DRPH	Jill Mahal-Lichy		jill.mahal-lichy@va.gov	oao 02/26/10
NC	Winston-Salem	Wake Forest Hlth Srvc.	Epi-Cogn. Func.	PHD,Sc.D,MD	David Goff	*336/713-4300	dgoft@wfubmc.edu	oao 01/19/09
NC	Winston-Salem	Wakeforest Univ.	PD Research Fellowship	PHD, MD or equiv	Jingzhong Ding	*336/713-8588	jding@wfubmc.edu	oao 01/19/09
NC	Winston-Salem	Wake Forest Med Ctr	Postdoc Fellow	PHD/MD epi	Stephen Kritchevsky	*336/713-8588	skritche@wfubmc.edu	oao 01/19/09
NC	RTP	US EPA	Epi/Stat	PHD	Joann Kelleher	*919/541-2186	kelleher.joann@epa.gov	oao 01/19/09
NC	Winston	Wake Forest	PD Fellow	PHD/MD	Jingzhong Ding	*336/713-8588	jding@wfubmc.edu	oao 03/11/09
NC	RTP	RTI Int'l	Genetic Epi	PHD	Eric O. Johnson	919/990-8347	ejohnson@rti.org	oao 02/26/10
NC	Durham	Social & Sci Systems	Director, Epi	PHD in epi	Molly Assion	*301/628-3005	massion@s-3.com	oao 07/09/09
NC	RTP	RTI Int'l	Research Epi II	PHD	L Andrusyszyn	919/541-6765	landrus@rti.org	oao 02/26/10
NC	RTP	NIEHS	Postdoc Pos.	PHD in epi/biostat	Clarice Weinberg	*919/541-4311	weinber2@niehs.nih.gov	oao 12/30/09
NJ	Princeton	Client Confidential	Dir. Pharmacoepidemiology	Advanced PHD/MD	Beverly Horvat	412/851-4144 x16	bhorvat@criticalpathinc.net	oao 01/19/09
NJ	Hopewell	Bristol-Myers	Assoc.,Epi	PHD/MD	Lauren Brescia		lauren.brescia@bms.com	oao 01/19/09
NJ	Hopewell	Bristol-Myers	Dir,Pharmacoepi	PHD/MD	Lauren Brescia		lauren.brescia@bms.com	oao 01/19/09
NJ	Springfield	ClinForce, LLC	Epi Specialist	MPH	Cathy Zeier	*919/941-0071	czeier@clinforce.com	oao 02/02/10
NY	Bronx	Albert Einstein	Cancer Epidemiologist	PhD in epi or MD	Tom Rohan		rohan@aecom.yu.edu	oao 02/26/10
NY	Rochester	URMC	Infectious Disease Epi	PhD-epi or related	Susan Fisher		Susan_Fisher@URMC.Rochester.edu	oao 02/26/10
NY	New Rochelle	Health Res., Inc.	Epidemiologist	Bachelor's	HR Dept		HRI-mailin@healthresearch.org	oao 01/19/09
NY	Rochester	Univ. of Rochester	Epidemiologist	PHD	Edwin Wijngaarden		edwin_van_wijngaarden@urmc.rochester.edu	oao 08/13/09
NY	Ithaca	Cornell University	Ass't Prof -GH & Nutr	PHD	apply online			oao 01/23/09
NY	New York	Albert Einstein	PD Fellow	PHD epi/biostat	Robert Kaplan	*718/430-3588	rkaplan@aecom.yu.edu	oao 02/02/10
NY	New York	NYC DHMH	Data Analyst	Mas/Phd epi	Yolanda Perkins	646/619-6400	yperkins@healthsolutions.org	oao 03/11/09
NY	New York	FPHNY	Nutrition Analyst	MPH,MHA,PHD	Christine Johnson	212/513-0523	cjohnso8@health.nyc.gov	oao 05/01/09
NY	NY	NYC DHMH	Enviro Epi	PHD	Debbie Law	212/788-4859	dlew@health.nyc.gov	oao 07/09/09
NY	NY	Pfizer	Sr. Director, Epi	Doctorate			www.pfizer.com/careers	oao 07/09/09
NY	New York	NYDHMH	Deputy Com. Epi	PHD/MD	Debbie Lew		dlew@health.nyc.gov	oao 10/16/09
NY	Rochester	Univ. of Rochester	Epidemiologist	PHD	Lois B. Travis		lois_travis@urmc.rochester.edu	oao 02/26/10
OH	Dayton	Wright State Univ	Postdoc Researcher	PHD	Roger Siervogel	*967/775-1456	roger.siervogel@wright.edu	oao 01/19/09
OH	Cleveland	Case Western U.	Chair, Epi	Doctorate	Malana Bey	*216/368-3832	mcb19@case.edu	oao 09/25/09
OH	Dayton	Wright State. U	Ass't/Assoc Prof	PHD/MD	HR	937/775-2120	https://jobs.wright.edu	oao 07/09/09
OH	Columbus	OH State Uni	Ass't/Assoc Prof	PHD/MD	Eric Lutz	614/292-2590	elutz@cph.osu.edu	oao 02/26/10
OK	Oklahoma City	OK DOH	Program Evaluator	MPH	Randy Wray	*405/271-3539	employment@health.ok.gov	oao 03/17/10
OR	Portland	Kaiser Permanente	Biostatistician	PHD	Allison Naleway	*503/335-6311	allison.naleway@kpchr.org	oao 01/19/09
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree	Tom Kelly	215/898-0861	tkelly@cceb.med.upenn.edu	oao 02/26/10
PA	Philadelphia	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 02/26/10
PA	Philadelphia	ProSanos Corp	VP Pharmco & Epi	PHD	Colleen Erickson	*717/635-2575	colleen.erickson@prosanos.com	oao 01/19/09
PA	Philadelphia	ProSanos Corporation	Director, Pharmacoepi	PHD	Colleen Erickson	*717/635-2575	careers4me@prosanos.com	oao 01/19/09
PA	Philadelphia	Prosanos Corp.	VP Pharm/Epi	PHD pharm/epi	Colleen Erickson	*717/635-2575	careers4me@prosanos.com	oao 01/19/09

EPI Job Bank Foreign Listings

Country	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
Canada	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 11/16/09
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 11/08/09
Canada	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
Canada	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 11/16/09
Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 11/08/09
Canada	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Statistical Assoc	Masters-biostat,	stay HR	*403/270-3898	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Research Associate	Masters-epi,ph	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca	oao 11/16/09
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 11/16/09
Canada	Fredericton	New Brunswick Cancer	Biostatistician	Masters in Biostat	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 11/16/09
Canada	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
*Canada	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
France	Lyon	IARC	Postdoctoral Fellowship	PhD	Rayjean Hung	*+33472738342	hung@iarc.fr	oao 11/16/09
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr	oao 11/16/09
India	Jaipur	Vatsalya	Data Analyst	MPH	Atul Panday	9829928653	Atul_panday2001@yahoo.com	oao 11/16/09
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgjar.org	oao 11/16/09
*Puerto Rico	Rico Ponce	Ponce	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 11/16/09
Saudia	Arabia Riyadh	Field Epi Trng Prog	Med Epi	PHD	Dr. Nasser Al-Hamdan	+996/1/4939675	nhamdan@fetp.edu.sa	oao 11/16/09
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat	Josep-Maria Anto		jmanto@imim.es	oao 11/16/09
Switzer	land	Fearn Associates	Molecular Epidemiologist	PhD-biostat or epi	Information		info@fearn-associates.com	oao 11/16/09
*Switzer	land Allschw	Actelion	Epidemiologist	PHD/MD,MPH	Donat Laemmle	+41615656503	donat.laemmle@actelion.com	oao 11/16/09
Thailand	Bangkok	PATH	Chief of Party	Mas/Doc in epi	Dorothy Culjat	202/285-3500	pathjobs@mail.path.org	oao 11/16/09
UK	London	LSHTM	MSc PHDC	MPH	Vinod Bura	+44 7726472650	vinod.bura@gmail.com	oao 11/16/09

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Junior Epidemiologist

Experienced SAS programmer capable of working with large data sets. Familiarity with Medicare and other claims data is preferred, including experience with preparing Medicare and other claim files for analysis. The candidate will be expected to write valid methodological sections related to this work for grant proposals to external funding agencies. The individual will be an integral member of the National Center of Health Disparities Research at Meharry Medical College and the Department of Family and Community Medicine in an active research program dedicated to reduction and elimination of racial and ethnic health disparities. Must have at least a Master's degree with a preference in Statistics, Epidemiology, Public Health (with a concentration in epidemiology and/or biostatistics), and Social Sciences but related fields leading to the required experience will also be considered. A minimum of 3 years experience in managing and analyzing data sets with SAS is required. For information, please send CV to:

Roger Zoorob MD MPH Professor and Chair
Email rzoorob@mmc.edu

Or via US Mail at:

Meharry Medical College
Family and Community Medicine

Attn: Roger Zoorob
1005 Dr DB Todd Jr Blvd
Nashville, TN 37208

Yale School of Public Health Yale University School of Medicine Tenure-Track Faculty Position in Social Gerontology and/or Epidemiology of Aging

The Social and Behavioral Sciences Program and the Division of Chronic Disease Epidemiology in the Yale School of Public Health seek a scholar of social gerontology and/or epidemiology of aging for an Assistant or non-tenured Associate Professor position. Applicants with a research interest in inequalities, psychosocial factors, or cardiovascular health are especially encouraged to apply. The Search committee will consider applicants with interests in other areas as well. Opportunities exist to collaborate with investigators in the Yale School of Public Health (<http://www.med.yale.edu/eph/>), and other departments at Yale, such as psychology, sociology, psychiatry, and medicine. The successful candidate can take advantage of a number of resources, including the Yale Program on Aging (<http://geriatrics.yale.edu/research/>).

Applicants should have a doctoral degree in psychology, epidemiology, sociology or a related field, with a specialization in mental and/or physical health of older individuals. Also, applicants should have teaching experience, a record of research and scholarly accomplishments, and will be expected to develop an externally funded research program.

Review of applications will begin no later than March 15, 2010 and will continue until a successful candidate is identified. Applicants should submit a curriculum vitae, statement of research and teaching interests, three reprints, and three reference letters to:

Becca R. Levy, Ph.D., Chair, Search Committee
Yale School of Public Health
60 College Street, Room 408, P.O. Box 208034
New Haven, CT 06520-8034

Yale University is an equal opportunity, affirmative action and equal access employer that values and actively seeks diversity in the work force. Minorities and women are strongly encouraged to apply.

6th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology

The Epidemiology Branch of the *Eunice Kennedy Shriver* National Institute of Child Health & Human Development (NICHD) and CIHR's Institute of Human Development, Child and Youth Health (IHDCYH) are pleased to announce their 6th annual Summer Institute in Reproductive and Perinatal Epidemiology. The Institute will be held from July 11-17, 2010, at Harbourtowne Conference Centre, St. Michaels, Maryland. We invite applications from doctoral students and clinical fellows enrolled in a graduate research degree program who are planning to pursue a research career in reproductive or perinatal epidemiology. The Summer Institute is open to participants from the US, Canada, and low- and middle-income countries. The week-long Summer Institute will provide substantive and methodologic training in human fecundity and fertility, pregnancy complications, maternal health, and fetal and infant outcomes, as well as promising new approaches for studying these issues. A combined didactic and case-based curriculum will be offered by faculty affiliated with NICHD and IHDCYH.

Up to 20 qualified students will be selected. Participants will be awarded a stipend of up to \$1,500 USD to cover travel expenses; in addition, lodging and meals will be covered by NICHD and IHDCYH. Eligible students and fellows are invited to submit a brief (2-page) cover letter stating their professional status and goals with regard to reproductive and perinatal epidemiology, curriculum vitae (maximum of 2 pages), and two letters of support. All documents must be received by **April 1st, 2010**. Applications will be reviewed by an Institute faculty committee with regard to: 1) personal statement of professional research interests and career plans; 2) evidence of graduate-level training in epidemiology and biostatistics; and 3) letters of support. Unsuccessful applicants to the 2009 Summer Institute can resubmit their 2009 letters of support (if still applicable). Priority will be given to students/fellows with demonstrated excellence in this field, including practical research experience and peer-reviewed publications. Selections will be made by **May 15, 2010**.

For more information on the 6th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology, please visit the IHDCYH website at: <http://www.cihr-irsc.gc.ca/e/35611.html>

Applications should be submitted electronically to: Anick Lambert or Lindsay Wallace (CIHR-IHDCYH)
E-mail address: IHDCYH-IDSEA@cihr-irsc.gc.ca; Telephone: 514-412-4414

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April 21-23, 2010	Washington, DC
July 19-21, 2010	Research Triangle Park, NC
September 22-24, 2010	Washington, DC

Modeling Procedures Course

May 26-28, 2010	Washington, DC
October 13-15, 2010	Washington, DC

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www.rti.org/sudaan

SUDAAN Statistical Software Center
Phone: 919-541-6602
Email: sudaan@rti.org

CAREER MARKETPLACE

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Johns Hopkins Bloomberg School of Public Health

JUNE 14 – JULY 2, 2010

2010 Course Offerings*

THREE-WEEK COURSES

Principles of Epidemiology
Observational Epidemiology
Statistical Reasoning in Public Health I
Statistical Reasoning in Public Health II

ONE-WEEK COURSES

Applications of the Case-Control Method
Methods and Applications of Cohort Studies
Clinical Trials: Issues and Controversies
Bayesian Adaptive Trials
Conducting Epidemiological Research
New Perspectives on Management of Epidemiologic Studies
Topics in Clinical Trials Management
Comparative Effectiveness Research:
Patient Reported Outcomes
Pharmacoepidemiology
Introduction to the SAS Statistical Package
Longitudinal Data Analysis
Data Analysis Workshop I
Data Analysis Workshop II
Advanced Data Analysis Workshop III
Survival Analysis

Biostatistics Analysis of Epidemiologic Data I:
Logistic Regression
Biostatistics Analysis of Epidemiologic Data II:
Poisson and Conditional Logistic Regression
Analysis
Biostatistics Analysis of Epidemiologic Data III:
Semiparametric Methods
Family Based Genetic Epidemiology
Molecular Biology for Genetic Epidemiology
Genetic Epidemiology in Populations
Gene Expression Data Analysis
Infectious Disease Epidemiology
Public Health Dimensions of Global Tuberculosis
Control
Epidemiology of HIV/AIDS
Advanced Issues of HIV/AIDS
Social Epidemiology
Multilevel Models
Epidemiologic Applications of GIS
Nutritional Epidemiology
Introduction to Diabetes and Obesity Epidemiology
Epidemiology in Evidence Based Policy
Epidemiologic Methods for Planning and Evaluating
Health Services
Ethics Issues of Human Subjects Research
in Developing Countries

ONE-DAY WORKSHOPS

Critical Reading of Epidemiologic Literature
Methods for Clinical and Translational Research
Causal Inference with Latent Variable Models

DIRECTOR:

Moyses Szklo, MD, DrPH, MPH

THE INSTITUTE WILL BE HELD AT:

Johns Hopkins
Bloomberg School of Public Health
Baltimore, Maryland

FOR INFORMATION, PLEASE CONTACT:

Ayesha Khan, Coordinator
Graduate Summer Institute
of Epidemiology and Biostatistics
615 North Wolfe Street
Baltimore, MD 21205
410-955-7158
Fax: 410-955-0863
Email: akhan@jhsph.edu
www.jhsph.edu/summerepi



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Faculty Epidemiologists Quantitative Health Sciences

The new Department of Quantitative Health Sciences at the University of Massachusetts Medical School (UMMS) is recruiting for faculty epidemiologists at all levels. We are seeking epidemiologists with an independent and established research program, as well as junior faculty members who would like to collaborate with others in our growing clinical and translational research programs. The Department has expertise in biostatistics, chronic disease, epidemiology, health services research, outcomes measurement, health informatics, and implementation science. Research is currently our primary Departmental focus, but teaching activities are highly encouraged, especially in our M.S. and Ph.D. clinical research training programs. Both tenured/tenure-earning and non-tenure track positions are available in the recently established Division of Epidemiology. We offer highly competitive salaries and a generous start-up and benefit package. The UMMS is one of the fastest growing medical schools in the country, attracts more than \$200 million in research funding annually, and is located in Central Massachusetts within an hour's drive of Boston and Providence. This is a unique opportunity to contribute to the shaping of a new department that aims to serve as a model for weaving service into discovery in an academic medical center.

To apply, please send a CV with an accompanying cover letter to Robert Goldberg, Ph.D., Director, Division of Epidemiology, Department of Quantitative Health Sciences, University of Massachusetts Medical School or email Robert.Goldberg@umassmed.edu.

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



Cancer Epidemiologist

A National Cancer Institute
Designated Cancer Center

The Division of Biostatistics and Epidemiology, Department of Medicine, and the NCI-designated Hollings Cancer Center (HCC) at the Medical University of South Carolina (MUSC) invites applications and nominations for a **Cancer Epidemiologist** in a **tenure-track** mid to senior level faculty position. The successful candidate will be a well-established cancer epidemiologist with a strong history of peer-reviewed funding and publications, and able to function in a collaborative, interdisciplinary environment while expanding their independent program of research. Faculty will join the HCC Cancer Prevention and Control Program, with an academic appointment in the Division of Biostatistics and Epidemiology.

Situated on a 40-acre campus in Charleston, MUSC is part of a charming historic downtown district, including fine restaurants, an outstanding aquarium, symphony, theaters, history and art, while being surrounded by beautiful beaches. Interested applicants should electronically send a letter of interest, CV, and the names of three references to:

Anthony J. Alberg, Ph.D., M.P.H.
Associate Director of Cancer Prevention and Control
Hollings Cancer Center
alberg@musc.edu

The Medical University of South Carolina is an equal opportunity affirmative action employer. Women and minorities are encouraged to apply.

The University of Chicago Comprehensive Cancer Center

Specific Title: Technical Director, Epidemiology and Research Recruitment Core (ERRC)
Division/Department: University of Chicago Comprehensive Cancer Center (UCCCC)

General Summary:

The University of Chicago Comprehensive Cancer Center (UCCCC) is an integral component of the Biological Sciences Division (BSD). It is the largest of four Divisions of the University and includes the Pritzker School of Medicine. UCCCC administers six established scientific programs, while the Cancer Center Support Grant provides funding for thirteen Shared Facilities. In response to the expansion of population research, the UCCCC is establishing an Epidemiology and Research Recruitment Core. The core will have a faculty-level Scientific Director and a senior staff member who will be the full time Technical Director of this new shared resource. Summary of core functions include: day-to-day oversight of the Core and Core staff; strategic planning; staff education; regulatory management; grant preparation.

The Technical Director of the ERRC will be responsible for identifying faculty needs, developing appropriate services, and providing administrative, financial and technical direction to the Core. In addition to other potential services such as interviewing, the core will play an integral role in the recruitment of subjects and relevant data, including biospecimen samples in hospital- and population-based research studies in cancer. The Technical Director will work closely with the Scientific Director, UCCCC leadership and population researchers, to design and oversee Core staff in designing and planning approaches for subjects recruitment, eliciting informed consent, and collection of data and biospecimen samples for cancer related research studies. In addition, the Technical Director will participate in strategic planning with respect to the core and the recruitment of additional Core staff.

Qualifications:

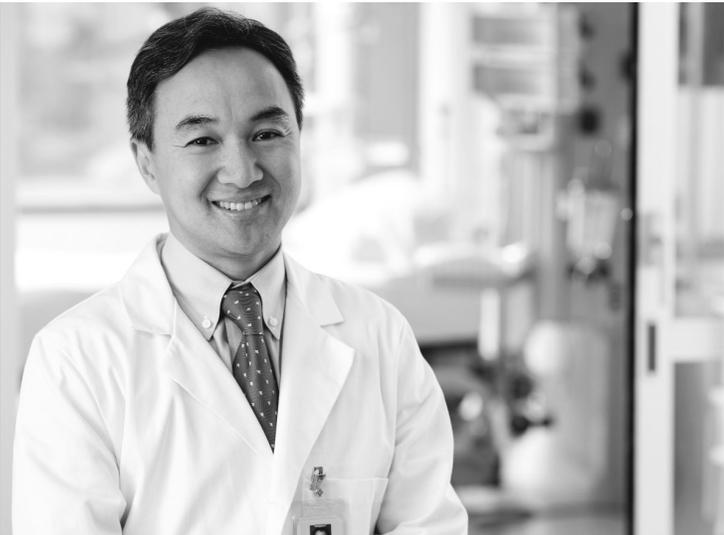
Advanced degree (PhD, DrPH) or must have received degree by start date, in epidemiology, public health or related field required. Strong familiarity with research methods, study designs, recruitment and interview procedures and data/sample collection processes and associated trouble shooting required. Exceptional organizational, communication, writing and leadership skills required. Strong problem solving skills for development and implementation of efficient work processes required. Ability to provide senior guidance for the study design and methods related to the development and implementation of participant identification, recruitment, and interview procedures and associated informatics and database management is required. Knowledge of legal and ethical standards for the use of human subjects in research institutions preferred. Demonstrated experience in research oversight, project management and strong presentation skills preferred. A cover letter and resume are required to be considered for this position.

To apply for this position, please paste link below to internet browser:
jobopportunities.uchicago.edu/applicants/Central?quickFind=206228
Requisition Number: 084075

The University of Chicago is an Affirmative Action/Equal Opportunity Employer.

Leadership

IT STARTS HERE



As the largest, private, not-for-profit, integrated system in the United States, Kaiser Permanente has a long history of generating important findings that create knowledge and translate it into clinical practice. Research is a core aspect of how we create benefits for our communities.

Research in Kaiser Permanente began in 1943. Since then, Kaiser Permanente has celebrated over 60 years of research and now annually engages in research projects totaling over \$100 million. Kaiser Permanente's Center for Effectiveness and Safety Research (CESR), established in 2009, is supported by a distributed research network of eight Kaiser Permanente research centers staffed by researchers and analysts.

The CESR capitalizes on Kaiser Permanente's ability to conduct in-depth studies of questions of the safety and comparative effectiveness of drugs, devices, biologics, and care delivery strategies. The CESR, with our unparalleled data resources, is the platform to build and expand on Kaiser Permanente's research capabilities that are essentially unequalled elsewhere in the clinical research community.

Kaiser Permanente is seeking a research leader who will use his/her expertise, reputation, and strategic vision to position the CESR as a gold standard for comparative effectiveness and safety research:

NATIONAL DIRECTOR, CENTER FOR EFFECTIVENESS AND SAFETY RESEARCH

In collaboration with Research Center Directors, lead and expand a national network of researchers and analysts who will conduct observational studies and other types of research to develop new knowledge about the comparative effectiveness and safety of drugs, devices, and care delivery strategies, and to translate those findings into improved care.

The successful candidate will have a PhD, MD, DO, or equivalent degree and prior training and experience in comparative effectiveness and safety research. In addition, the individual we are seeking must have achieved national recognition as a scientific leader with experience successfully directing a multi-project research program. Familiarity with FDA drug evaluation practices and experience working with pharmaceutical industry sponsors are highly desirable. State-of-the-art knowledge of methods in pharmacoepidemiologic, hypothesis-testing drug safety research, and comparative effectiveness research is important.

The position will be located in one of Kaiser Permanente's existing research centers located in – Oakland, California; Pasadena, California; Denver, Colorado; Portland, Oregon; Atlanta, Georgia; or Honolulu, Hawaii. Qualified individuals are invited to visit jobs.kp.org for complete qualifications and job submission details. Please reference job number 011837 in Database P.

jobs.kp.org



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NRSA T32 Postdoctoral Fellowship Interdisciplinary Women's Reproductive Health

Overview: The University of Texas Medical Branch is accepting applications for postdoctoral fellows interested in pursuing an academic career in women's health research. This 2-year NRSA T32 fellowship provides training in theory and methods as well as practical experience as they pertain to conducting clinical research. Faculty in the program are able to offer ample opportunities for data analysis, manuscript preparation, and grant writing in a collaborative working environment.

Who may apply: Applicants who have completed a terminal degree as follows: MD Post-residency, PhD, DrPH, ScD, or PsyD in disciplines related to women's health. This interdisciplinary program seeks applicants who are highly motivated to pursuing research careers focused on the many physiological and psychological issues facing women during their reproductive years. Successful candidates will engage in mentored research training for 2 years (2 consecutive 12-month appointments).

Eligibility: Must have completed terminal degree in defined area from accredited institution. Transcript or documentation from the awarding institution is required. Must be a US citizen, non-citizen national or permanent resident. Documentation of status is required. Individuals with temporary or student visas are not eligible for support. Must be able to commit to full-time effort to the program. Studies leading to MD, medical residency, PhD, or other clinical health professional training are not supported.

Application procedure: Submit the following via email or postal service: (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; (3) documentation of citizenship status; and (4) 3 letters of reference. Send your application packet to:

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