

## Investigator Calls For An "Epidemiology Of Toxic Speech"

### A Thought-Provoking Interview With The University of Connecticut's Lynne Tirrell

"Toxic speech, like any toxin, is a threat to the well-being and even the very lives of those against who it is deployed...Thinking in epidemiological terms highlights that toxic speech is a community problem in need of social solutions."

These are among the points made by the University of Connecticut's Lynne

Tirrell in a paper published in 2017 entitled "Toxic Speech: Toward an Epidemiology of Discursive Harm." In her paper, Tirrell calls for an "epidemiology of discursive toxicity".

The Epidemiology Monitor is always on the lookout for original ways of

*- Toxic continues on page 2*

## New Journal Editor Takes The Helm At The Annals Of Epidemiology

### Seeks To Be First Choice For Authors Using Epidemiology As A Tool For Addressing Important Problems

Patrick Sullivan, an infectious disease epidemiologist at Emory University and former CDC epidemiologist in the HIV/AIDS Division, has been appointed the new editor of the Annals of Epidemiology effective January 2018. Sullivan served as an associate editor at the Annals for five years before assuming his new role.

Sullivan replaces Rich Rothenberg, an Emory colleague, who served as editor for many years. "I have great

respect for Rich's leadership at the Journal," Sullivan told The Epidemiology Monitor, and "it is an honor to serve after him. He and the associate editors at the Annals have built an impressive organization."

#### Broad Scope

Sullivan told the Monitor he conceives of epidemiology as a tool which can

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## **-Toxic cont'd from page 1**

epidemiology to share these with our readers. We interviewed Tirrell to learn more about her ideas and proposal. Whether you are skeptical or not, read on for an eye-opening perspective about the potential health impact of the words we use to talk to one another, and why epidemiologists should get involved.

### **EM: How did you get interested in the impact of toxic speech, what led you to this?**

**Tirrell:** It is said that Gandhi held that a language is a reflection of the health of a society. How we talk to and about each other speaks volumes about us, and has a deep effect on our health and well-being. In my research, I started out looking at the power of derogatory terms (racist and sexist epithets) to inflict harm. Not just hurt someone's feelings, but truly harm them even when their feelings might not be hurt at all. Later, research took me to Rwanda to learn about the role of divisive discourse, especially derogatory terms for others, in preparing ordinary citizens to participate in killing their neighbors. I developed an account to explain the linguistic mechanisms involved. That got me thinking about background conditions, and the ways that a culture can be "seeded" with toxic concepts that can weaken some people and then eventually kill them. Words alone didn't kill the Tutsi – their Hutu neighbors did that – but ongoing changing linguistic practices were a necessary part of making it happen. Words are never alone. That project led to thinking about how we might track those changes, or how to assess the linguistic health of a

society or community. If we can spot the harms and the patterns of their distribution, maybe we can prevent greater harms. I'm focused on assessment of risk.

### **EM: What is the toxic speech you are interested in? Which one not?**

**Tirrell:** I look at toxic speech *practices*, not one-off cruelties or damaging remarks. These practices reveal the ways that people use harmful language as a systemic form of control. Such speech may promote discrimination or deprive people of important powers of self-determination and social and civic participation. Racist, sexist, homophobic slurs count as systemic toxic speech that generally serve to lower the baseline well-being of the people targeted. This is now well studied. It's easy to identify the epithet that's thrown one-on-one; it's like a punch in the nose. Certain speech practices are more subtle and insidious, and I think their capacity to harm us can be devastating and yet hard to prove.

It's also important to think about how the position of the speaker and the relationship between speaker, hearer, or target, can enhance or diminish the power of the speech act. Parents have more power to harm their child in certain ways than a stranger, and peers have yet different powers over the child. Tracking the relationships within which certain kinds of harms are delivered would be informative, and might help us see ways to foster changes. The results of such surveillance might be surprising.

### **EM: How does toxic speech as a topic or subject differ from other concerns**

*- Toxic continues on page 10*

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# UCLA Launches Portal To Make Public Health Data and Tools Widely Available And More Impactful

“As a school of public health, we believe it is our responsibility to share our data as widely as possible, since breakthroughs can come from around the corner or around the world,” according to UCLA Fielding School of Public Health dean [Jody Heymann](#). She made this statement in her message to visitors on the website of a new public data portal which UCLA launched late last year, [<https://tinyurl.com/ycct3zrz>]

## Data Impact/Ease of Use

Heymann told The Epidemiology Monitor of the school’s deep commitment to using research to have public health impact, and one way to help achieve that is to make it easy to access public data.

Data sharing is not a new idea and public use data sets are not a new resource. However, the unfortunate reality is that many data sets are not easy to find or easy to use, according to Heymann. UCLA’s goal is to create a kind of “one stop shopping” location for public use data sets which are easy to download from the Fielding School of Public Health.

## First Portal

To date, there is no easy way to access the wide array of public health data. Part of the UCLA Fielding School of Public Health vision, according to Heymann, is to help create a snowball effect among the different schools whereby each school’s data portal could be linked, and a user entering any school’s page could link readily to a vast array of public use public health data.

## Value

The value of data sharing can be measured not only on the impact produced but also on contribution it can make to advance training programs. According to Heymann, data sharing is part of a broader vision which sees the work of researchers as a shared public good to help the health of all in as many ways as possible.

## Strategic Plan

The idea to create the first data portal of its kind arose from an earlier strategic planning process. The enthusiasm was there to make a difference with data, and this helped to inform the current initiative. According to Heymann, the goal of the initiative has been to facilitate faculty being able to make data and data tools public, and to assist with overcoming obstacles.

## Data Categories

The information on the UCLA portal is grouped into three categories---survey data, data sets, and data tools. The 18 resources available to date (with more being added) are listed below with links to the information.

Survey Data:

- [California Health Interview Survey \(CHIS\)](#)
- [Guatemalan Survey of Family Health](#)

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*“...the unfortunate reality is that many data sets are not easy to find or easy to use...”*

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*“...a shared public good to help the health of all in as many ways as possible.”*

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- UCLA continues on page 4

- [Multicenter AIDS Cohort Study \(MACS\)](#)
- [Los Angeles Family and Neighborhood Survey \(L.A. FANS\)](#)

#### Policy Data

- [World Policy Analysis Center](#)
- [Health Forecasting](#)
- [Win-Win Project: UCLA Center for Health Advancement](#)
- [California Health Interview Survey \(CHIS\)](#)

#### Data Tools

- [ToxTrees](#)
- [MIC2 R Package](#)
- [Unimodal Curve Registration \(ucr\)](#)
- [mombf R Package](#)
- [MBA: Multilevel B-spline Approximation](#)
- [B2Z: Bayesian Two-Zone Model](#)
- [spBayes: Univariate and Multivariate Spatial-Temporal Modeling](#)
- [Win-Win Project: UCLA Center for Health Advancement](#)
- [World Policy Analysis Center](#)
- [A Hybrid Approach to Estimating National Scale Spatiotemporal Variability of PM<sub>2.5</sub> in the Contiguous United States](#)

#### Data User Categories

The UCLA data portal provides easy access to a variety of data sets with explanations provided for different types of users such as policy makers, researchers, data enthusiasts, social

entrepreneurs, and the media. Each user enters depending on their category and finds the data sets being made available in that grouping. For example, data enthusiasts are offered the opportunity to access information from 8 of the 18 resources:

- [Win-Win Project](#)
- [World Policy Analysis Center](#)
- [Health Forecasting](#)
- [Guatemalan Survey of Family Health](#)
- [California Health Interview Survey \(CHIS\)](#)
- [Multicenter Aids Cohort Study \(MACS\)](#)
- [A Hybrid Approach to Estimating National Scale Spatiotemporal Variability of PM<sub>2.5</sub> in the Contiguous United States](#)
- [Los Angeles Family and Neighborhood Survey \(L.A. FANS\)](#)

To obtain more information about the data portal, contact Erin Bresnahan at [ebresnahan@ph.ucla.edu](mailto:ebresnahan@ph.ucla.edu) or call 310.825.8206 ■

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*"The enthusiasm was there to make a difference with data..."*

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address many areas of interest and he sees the Journal as reflecting such a broad use of epidemiology on infectious disease, cardiovascular disease, and cancer as well as other topics such as social determinants of health and health equity issues. He emphasized the importance of foundational activities in epidemiology such as surveillance, and noted that good descriptive epidemiology can lead to many novel contributions.

### **ACE Connection**

According to Sullivan, the journal's connection with the American College of Epidemiology (ACE) is important and many ideas for the Journal come from that partnership, including one last year which resulted in a special issue on geospatial epidemiology. He said it is an example of the journal's interest in publishing broadly interesting applications to important problems.

### **Applied Focus**

Sullivan told the Monitor that the Annals is interested in publishing epidemiologic work that influences health programs or innovative work that demonstrates the importance of epidemiologic methods in addressing real problems. While the journal is not primarily interested in epidemiologic methods, it is interested in practical and innovative applications of epidemiology to real world health problems.

### **Guidance**

Asked about the guidance he receives as editor from the American College of Epidemiology, Sullivan said the

College has a publications committee and that this is the primary communication channel between the College and the journal. The discussions with the committee are very collegial and not very directive. It is clear to him, said Sullivan, that the College's main interest is in serving the interests of the profession and College members. The journal also assists with the education functions of the College by producing "teaching papers" and making it easy to use them.

### **Elsevier Guidance**

The guidance from Elsevier, the publisher of the Journal, is mostly on operational rather than editorial matters, according to Sullivan. There is no day-to-day or month-to-month guidance, but the publisher does seek to help the journal take advantage of opportunities to improve features. For example, the publisher can assist in creating innovative ways the journal can interact with authors and readers.

### **Editorial Guidance**

The editorial content of the Annals is mostly driven by the associate editors who are very diverse and dedicated, said Sullivan. They prioritize topics for the Journal and represent its real editorial capacity. The associate editors look at papers and shape the scientific character of the journal.

### **Journal Statistics**

The Annals receives approximately 6-700 papers per year and publishes approximately 100 of these or about 15%. The journal seeks to provide a timely response and helpful comments

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*"...good descriptive epidemiology can lead to many novel contributions."*

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*"...associate editors look at papers and shape the scientific character of the journal."*

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to all authors while achieving a high level of quality papers. The latest statistics show that the first response from the journal takes about 8 weeks and a final decision is rendered in 11 weeks. The timeliness of publication can be much shorter for online publication. The impact factor is 2.6 and has been rising since 2014. Other measures of impact should also be considered said Sullivan such as the high interest in special issues and the teaching contributions made for young investigators.

#### **Vision**

Sullivan took over the helm of the journal only in January 2018 and said his vision for the journal is still taking shape. He is interested in working to develop better metrics to assess the journal's performance and producing more special issues. He wants to use

the available data about the journal to get insights about how to improve it. He is interested in making the accepted papers available as soon as possible and increasing the opportunities to interact electronically with users of the journal. In short, he would like to make the journal more dynamic.

#### **Message**

Asked about what message he might want to share with the epidemiology community, Sullivan said that in this era of big data, epidemiology is critical. He would like to see the Annals become the first choice for authors using epidemiology as a tool for addressing important problems. And he wants users to know that the journal seeks to consistently provide timely responses and helpful comments.

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*"He would like to see the Annals become the first choice for authors using epidemiology as a tool for addressing important problems."*

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# Notes on People



**MISSING:** Timothy Cunningham, a 35 year old CDC epidemiologist disappeared suddenly after leaving work on February 12 telling his colleagues he was not feeling well. He could not be contacted by his family which was unusual. His car, keys, wallet and dog were found left behind at his home which is not normal behavior for him. Local news reports have additional information and can be viewed here: [Fox 5 Atlanta News](#). Anyone with information on his whereabouts is asked to contact 911 or call 404-546-4235. A reward fund has been established: [Go FundMe Account](#)

Cunningham trained with CDC as an Epidemic Intelligence Service officer and at the Harvard School of Public Health and worked as the Team Lead, Division of Population Health National Center for Chronic Disease Prevention and Health Promotion.



**Published:** by Richard Wenzel, former hospital epidemiologist, a new fiction thriller involving an epidemiologist entitled "Dreams of Troy". In speaking with the media, Wenzel said "...as an infectious diseases specialist with a degree in epidemiology, I have always loved epidemics---the high stakes, the need to solve them expeditiously and the noble mission to help people."



**Appointed:** Angela Dunn, as state epidemiologist at the Utah Department of Health. She went to Utah in 2014 as an Epidemic Intelligence Service Officer, and more recently served as deputy state epidemiologist. She told the local newspaper she looks forward to addressing the state's opioid epidemic, enhancing chronic disease surveillance, and leading the state response to communicable disease outbreaks.



**Named:** Abdul El-Sayed, as the 2018 Rutgers School of Public Health Convocation Speaker and Senator Frank Lautenberg Annual Award recipient. El-Sayed has served as a faculty member in Departments of Epidemiology at Michigan and Columbia and as the health director in Detroit. He resigned his job in Detroit to run for governor in Michigan in the 2018 Democrat primary.

## Notes on People



**Named:** David Dausey, as Provost and vice-president for academic affairs at Duquesne University. He has held similar positions at Mercyhurst University. According to the press release making this announcement, the president of Duquesne said “David is a dynamic, strategic leader who is committed to implementing innovative approaches for ensuring that faculty and staff can excel in their work and that students can acquire the knowledge and skills they need for success...” Dausey earned a doctoral degree in epidemiology and public health from the Yale Graduate School of Arts and Sciences and completed post graduate training in higher education management and leadership at Harvard University.



**Honored:** Bruce Psaty, as the University of Washington’s School of Public Health Distinguished Alumni Award Lecturer. Psaty has made exceptional contributions to the School’s mission of research, teaching, and service. He is a national leader in post-marketing drug surveillance and worked to improve FDA regulations. The award lecture will take place on Feb 27, 2018.



**Appointed:** Toni Marie Rudisill, as a Research Assistant Professor, in the Department of Epidemiology at the West Virginia University School of Public Health. Rudisill has worked as an epidemiologist at the West Virginia University Injury Control Center and prior to that as a scientist in public health in state government.



**Profiled:** Lorenzo Pezzoli, a WHO infectious disease epidemiologist based in Geneva, on the PLOS Cholera Channel. In the interview, Pezzoli describes how he came to be interested in cholera control after a few years as “an itinerant epidemiologist”, why he joined the editorial team at PLOS, the next big questions in the cholera field, and the importance of open access. Read the interview at <http://blogs.plos.org/collections/meet-lorenzo-pezzoli-editor-of-the-plos-cholera-channel/>

**Do you have news about yourself, a colleague, or a student?**

Please help The Epidemiology Monitor keep the community informed by sending relevant news to us at the address below for inclusion in our next issue.

[people@epimonitor.net](mailto:people@epimonitor.net)

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# Epidemiology Limerick Contest Receives Several Entries

## Chances of Winning Are Still Good

### Submit Now Before Deadline

We have received a few entries in our limerick contest announced last month. The idea behind our limerick contest is to write the definition of a common word in epidemiology which weaves a joke into an accurate description of the word's meaning. Readers are encouraged to create a humorous limerick definition for any commonly used word of their choice.

The definition judged to be the most clever, humorous, and still accurate will receive a \$300 prize. The deadline for submitting entries to [epimon@aol.com](mailto:epimon@aol.com) is March 30, 2018. All entries must be original and not obtained from other published sources. Each entry should provide the word being defined in the limerick.

Below are samples of the limericks we have received so far. The number of entries is still small so readers interested in submitting still have a good chance to win.

Sample contest limericks you have to beat to win!

1.  
BSE made him stop eating cheese  
Steaks and burgers he gave up with ease  
He thought eating this way  
Kept infection at bay  
But he died of mad cabbage disease

2.  
When evaluating sets of  
Mammography  
Using x-ray data Photography,  
A pair may be a healthy, and Ample  
Size  
But it's not what we mean by a large  
Sample Size –  
'cause >P is simply Pornography!

3.  
There once was a post-doc named Ian  
Who found frequentist stats most  
plebeian.  
His approach to statistics?  
More probabilistic.  
For Ian was truly Bayesian.

4.  
There once was a man with inflamed  
gums  
Who dissed flossing the choppers with  
his chums  
While he kept his teeth clean  
He failed to get in between  
And the plaque left in there made him  
glum

5.  
Correlation:  
It could be a spurious association  
Or is it a defined relation?  
If the latter is true  
vaccination might cause flu  
But correlation is not causation

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*"The definition judged to be the most clever, humorous, and still accurate will receive a \$300 prize."*

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*"...readers interested in submitting still have a good chance to win."*

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**of epidemiologists like disease, accidents, and other conditions?**

**Tirrell:** Many harms are the same. Perhaps the mechanisms of delivery vary, but the result is poor health, physical, cognitive, and emotional dysfunction. Epidemiology could contribute to an empirical understanding of the power of speech to help or harm people. I've scoped out an overall argument that speech can be toxic, but the empirical research would address these questions: *Which populations are harmed? How is their well-being damaged? What triggers the toxic effect? Are there inoculating protections? Are there antidotes?*

It's my view that toxic speech plays a significant role in a variety of physical and mental health problems. My work so far has been urging philosophers who think about the harmful power of language to investigate the usefulness of toxicity for understanding harms that are delivered in more subtle or diffuse ways. An epidemiology of toxic speech could help us make clearer what counts as a "chilly climate" or progresses to a toxic one.

If you start from the harm and work backward, the harms of speech often get categorized in some other way. Why is this child depressed and anxious? I'm saying caregivers should examine the child's expressive environment in addition to the things they ordinarily consider. It would be easiest to start with mental disorders, but many physical disorders could be launching pads too, particularly those connected to stress.

**EM: Is it more difficult to define the harms than other topics epidemiologists work on? Lots of**

**public health issues may be like toxic speech such as bullying, or poor parenting, or other suggested public health issues. Presumably, making toxic speech a public health issue would equate to getting epidemiologists involved since epidemiology is the basic science of public health.**

**Tirrell:** Let's think about how speech is the key mechanism of bullying. No one doubts that bullying is harmful, so we can study what bullies actually say, as a mechanism for delivering harm. (Similarly, poor parenting often involves barraging disparaging remarks upon the child.) In these social problems, we need to attend to the power of the speech used, how it effects those targeted, and the kinds of licenses it issues to everyone who hears it. Those licenses are something I would like to see tracked. We could track the increase of frequency of use, the contexts in which it is used, for what purpose, and track the outcomes. When is bullying effective at damaging, and when does the target have the wherewithal to resist? What exactly is that "wherewithal"? That's just one explicit example. As the studies continue, we can move to more subtle cases.

**EM: So, what would the epidemiology of toxic speech look like to you, or what info would an epidemiologic profile or approach provide you with that is useful?**

**Tirrell:** It would be important to look at the prevalence of toxic speech in a population, the who, what, when, where, why of it. How frequent is it, how ubiquitous is it, what kinds of damage does it inflict? Suppose you have a community in which there is a

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*"It's my view that toxic speech plays a significant role in a variety of physical and mental health problems."*

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*"An epidemiology of toxic speech could help us make clearer what counts as a "chilly climate" or progresses to a toxic one."*

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spike in suicide rates amongst teens. An epidemiologist could look at what those teens are saying to and about each other, and track the frequency of linguistic disparagement in all degrees. Not only the direct attacks, but third-person uses that others hear and take up. And not only negative messages, but glorifications of suicides, practices of urging people to do it and so on. Are they sponsoring each other, through speech? I would also look at what they are reading, watching, and taking in from various sources: what's their expressive diet? Eliminating the toxins might not be possible or even desirable, but strengthening their resistance or immunity might be well within reach once you know what's going on.

To assess civic health, it would be worth tracking the kinds of derogatory terms people use against and about each other, how much polarization those uses bring about, to what degree it leads to individual and group isolation, and then evaluate the health of the polarized groups. It would be enlightening to get a handle on the frequency of occurrence of these terms and how they are used.

In language, we look at speaker, hearers – some of whom might be targets of the speech and some might be bystanders. On my view, we look at the ways that saying something can change what others think they have permission to say. This fits with a viral conception – the form of speech spreads through contact. One person slams another with a slur, and then someone hearing it might pick it up and use it. Not everyone will take it up, but still, the usage spreads, person to person, like a contagion.

**EM: What preventive measures can we imagine being practical to implement that would not violate free speech? Opinions might differ on this point. Presumably we have confronted these issues before by regulating movie content for children, TV watching time, and so forth.**

**Tirrell:** I don't want to advocate for a language-police. In the US, we have taken the first amendment to apply well beyond its initial scope (only what the government cannot restrict), and this is a double-edged sword. We do need to protect expression, because that is also important to the health and well-being of the person, but we also need to protect each other from linguistic violence. Philosophers and jurists are working on balancing these concerns. An epidemiologist could help by showing where the balance tilts in one way or another.

If we learn more about how some forms of speech create toxic environments, or how others deliver a heavy dose of harm at once, then we can find ways to mitigate those harms. Susceptibility surely varies across populations, so tracking resilience would be very helpful. Where resilience is impossible, then restricting the speech would seem well justified. This isn't always going to be a matter of law. It will often be about instituting new social norms. It isn't a law that parents wait 24 hours after their child is fever-free to return to school. It is a demand of the public health departments of most towns, and once parents know, they can comply or not. In my trips to Rwanda, I learned ways to speak to avoid

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*"I don't want to advocate for a language-police."*

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*"An epidemiologist could help by showing where the balance tilts in one way or another."*

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triggering the PTSD from which many survivors suffer. Social norms do tremendous work to protect the vulnerable.

**EM: What is the best evidence we can find for the negative effects of toxic speech? Clear cut examples?**

**Tirrell:** Wherever you see propaganda emerge, especially propaganda that targets a segment of the population, it should be possible to track the effects of that propaganda on both the in-group and the out-group. In the US and across the EU we have seen increasing use of "terrorist" as a synonym for "Muslim", so what can we discover about the effects of this on the well-being of Muslims in these regions? The easiest thing would be to track direct physical attacks, clear cases of discrimination, and so on, but there is more work to do. Those visible signs are the tip of the ice-berg. For example, in a community with high prevalence of derogatory language about Muslims, it would also be important to look at the frequency of school truancy in Muslim youth, health issues reported in the schools, job loss and job changes in adults, and so on. These are measures of insecurity, which can lead to physical and mental health issues. Maybe an epidemiologist could also track the rate of access to health care in these areas, comparing Muslims to non-Muslims.

**EM: Can we put together a short description of the case you are making--why an enterprising young epidemiologist or other investigator might want to undertake something like this?**

**Tirrell:** If we want to promote the

health and well-being of our society, we need to promote both physical and mental health. Each of us is caught up in complex identities, and these have different values to our communities. The ways that we talk to and about each other actually open and close possibilities in our social interactions, in our capacity to live the lives we choose.

For other toxins, epidemiologists track the incidence of harm, routes of exposure, frequency, avoidability or inavoidability, and more. We should do the same for toxic speech. Some toxic speech becomes woven into the fabric of society; such cases are easier to see when social change occurs.

For another example, the prevalence of pro-heterosexual and anti-homosexual discourse has been part and parcel of the discrimination imposed on gay men and lesbians. Casual comments and value-laden remarks, tossed off matter-of-factly as socially accepted, served to keep 10% of the population in the closet, hiding their desires, and often taking risks that led to mental and physical harms. The CDC reports that that LGBT teens have significantly higher rates of suicidal ideation (3x) and much higher rates of suicide (5x) than their heterosexual counterparts. American culture has been toxic for gay men and lesbians, a toxicity delivered by speech, sometimes enforced by violent actions. Whether this improves is something to track with changes in law and social norms. The CDC tracks teen suicide rates, has made the connection between bullying and LGBT suicide prevalence, so my suggestion is to deepen the study to

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*"The ways that we talk to and about each other actually open and close possibilities in our social interactions, in our capacity to live the lives we choose."*

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*-Toxic cont'd from page 11*

to examine the discourse practices in the schools with high prevalence, for example. It would be great to hear what an epidemiologist could envision tracking.

An epidemiologist who includes the concept of toxic speech in his or her work and tracks the speech practices associated with diseases they are tracking, may well have a better

chance of nipping the outbreak in the bud. Considering the teen suicide example, if an epidemiologist could discern toxic speech practices in one outbreak, and then the next, a pattern might emerge that might help us to keep teens alive long enough to grow up to thrive. These patterns might turn out to be very local, but broader patterns and lessons might emerge over time.

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*"It would be great to hear what an epidemiologist could envision tracking."*

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# Near Term Epidemiology Event Calendar

Every December The Epidemiology Monitor dedicates that issue to a calendar of events for the upcoming year. However that often means we don't have full information for events later in the year. Thus an online copy exists on our website that is updated regularly. This year we will print upcoming events in the Monitor monthly. To view the full year please go to: <http://www.epimonitor.net/Events>

## March 2018

March 1-4 <https://tinyurl.com/ydy9fxw>

**Conference: 18th International Congress on Infectious Diseases** / International Society for Infectious Diseases / Buenos Aires, Argentina

March 5-8 <https://tinyurl.com/jqutr4>

**Short Course : Analyzing Risks** / Harvard University / Boston, MA

March 5-9 <https://tinyurl.com/y85l3am2>

**Short Course: Intensive Course in Applied Epidemiology** / University of Scotland / Aberdeen, Scotland

March 7-9 <https://tinyurl.com/yc2nx9g9>

**Short Course : Advanced Analysis of Prognosis Studies** / Erasmus MC / Rotterdam, The Netherlands

March 9 <https://tinyurl.com/m3ark7y>

**Conference: Microbiome and Population Health** / MAC-EPID (center for Molecular and Clinical Epidemiology of Infectious Diseases) / Ann Arbor, MI

March 10-13 <https://tinyurl.com/ybdcuf4z>

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March 11-15 <https://tinyurl.com/yd27yo9f>

**Conference: International Conference on Epidemiological Research** /Nepal Public Health Foundation / Kathmandu, Nepal

March 12-14 <https://tinyurl.com/ybxk86qx>

**Short Course: Women's Health** / Erasmus MC / Rotterdam, The Netherlands

March 12-28 <https://tinyurl.com/ychpx557>

**Short Course: Perinatal Epidemiology & Maternal Health** / University College London / London, England

March 14-16 <https://tinyurl.com/y944p9os>

**Conference: ACHI 2018** / Association for Community Health Improvement / Atlanta, GA

March 14-16 <https://tinyurl.com/y9nbgopr>

**Short Course: Quality of Life Measurement** / Erasmus MC / Rotterdam, The Netherlands

March 15-16 <http://tinyurl.com/j6465vx>

**Applied Epidemiology Scientific Conference** / Public Health England / Warwick, England

March 22-23 <https://tinyurl.com/y7o7yk75>

**Conference: 2nd EDEN Forum** / European Dermato-Epidemiological Network / Berlin, Germany

March 19-20 <https://tinyurl.com/y9vwlng3>

**Conference: 3rd Early Career Researchers Conference on Environmental Epidemiology** / ISEE - Europe (International Society of Environmental Epidemiology) & Institute of Epidemiology II / Freising, Germany

## Near Term Epidemiology Event Calendar *continued*

March 19-21 <https://tinyurl.com/y9ep44rk>  
**Conference: 6th Annual ANISE Meeting** / African Network for Influenza Surveillance & Epidemiology / Antananaricino, Madagascar

March 19-21 <https://tinyurl.com/y88g7t8r>  
**Short Course : Mendelian Randomisation** / University of Bristol / Bristol, England

March 19-21 <https://tinyurl.com/y7j8qjz6>  
**Short Course: Using R for Statistics in Medical Research** / Erasmus MC / Rotterdam, The Netherlands

March 20-23 <https://tinyurl.com/hvh8fuh>  
**Conference: Epi Lifestyles 2018 - Scientific Sessions** / American Heart Association / New Orleans, LA

March 21-23 <https://tinyurl.com/yayujc5q>  
**2018 SEVPM Meeting** / Society for Veterinary Epidemiology and Preventive Medicine / Tallin, Estonia

March 22-23 <https://tinyurl.com/gt3dp4d>  
**Conference: 91st Annual Conference** / American Epidemiological Society / Baltimore, MD

March 22-28 <https://tinyurl.com/gt3dp4d>  
**Conference: Epi Congress 2018** / Times Scientific Group / Vancouver, Canada

March 27-29 <https://tinyurl.com/y8glmusa>  
**Conference: 6th EMPHNET (Eastern Mediterranean Public Health Network) Regional Conference** / African Field Epidemiology Network / Amman, Jordan

March 28 <https://tinyurl.com/y7vfge2z>  
**Symposium: Early Career Researcher Symposium** / Society for Applied Microbiology / Birmingham, England

March-TBA <https://tinyurl.com/y7x33pv2>  
**Short Course: Mendelian Randomization** / Erasmus MC / Rotterdam, The Netherlands

### April 2018

April 4-7 <https://tinyurl.com/y8hk87kn>  
**Conference: 19th Congress of the Section of Epidemiology & Social Psychiatry at the EPA** / European Psychiatric Association / Vienna, Austria

April 9-13 <https://tinyurl.com/y7abae5>  
**Short Course: Epidemiology of Infectious Diseases** / Erasmus MC / Rotterdam, The Netherlands

April 9-13 <https://tinyurl.com/ybe5ufry>  
**Short Course: Global Issues in Non-Communicable Diseases** / London School of Hygiene & Tropical Medicine / London, England

April 9-13 <https://tinyurl.com/yd9saktq>  
**Short Course: Repeated Measurements** / Erasmus MC / Rotterdam, The Netherlands

April 10-12 <https://tinyurl.com/y859ozmh>  
**Conference: 2018 Epidemiology & Lab Capacity for Infectious Diseases Grantees Meeting** / CDC (Centers for Disease Control & Prevention) / Atlanta, GA

## Near Term Epidemiology Event Calendar *continued*

- April 11 <https://tinyurl.com/ybjq34lj>  
**Webinar: Cancer in Incarcerated Populations** / National Cancer Institute / Online
- April 12 <https://tinyurl.com/ya2n224s>  
**Conference: 2018 Annual Meeting of the NIHR of HPRU** / NIHR (National Institute for Health Research) Health Protection Research Unit / Oxfordshire, England
- April 12 <https://tinyurl.com/ycr6rug7>  
**Short Course: Multiple Imputation for Missing Data** / University of Bristol / Bristol, England
- April 13 <https://tinyurl.com/ybd6hrbz>  
**Short Course: Advanced Multiple Imputation for Missing Data** / University of Bristol / Bristol, England
- April 14-18 <https://tinyurl.com/y7tlyc5s>  
**Conference: AACR 2018** / American Association for Cancer Research / Chicago, IL
- April 16-19 <https://tinyurl.com/y76xs3ed>  
**Conference: Epidemic Intelligence Service 2018 Conference** / CDC (Centers for Disease Control & Prevention) / Atlanta, GA
- April 18-20 <http://sheaspring.org/>  
**Conference: SHEA Spring 2018** / The Society for Healthcare Epidemiology of America / Portland, OR
- April 21-24 <https://tinyurl.com/y727ocvk>  
**Conference: ISPE Mid-Year Conference 2018** / International Society for Pharmacoepidemiology / Toronto, Canada
- April 21-24 <https://www.edeg2018.com/>  
**Conference: EDEG 2018** / European Diabetes Epidemiology Group / Elsinore, Denmark
- April 23-27 <https://tinyurl.com/ya5gn5cx>  
**Conference: International 2018 Convention** / World Federation of Public Health Associations / La Habana, Cuba
- April 24-26 <https://tinyurl.com/yc5b4uqf>  
**Conference: 35th Annual Oregon Epidemiologists Meeting** / OREPI (Oregon Epidemiologists) / Sunriver, OR
- April 26-27 <https://tinyurl.com/y7b5kwtv>  
**Conference: 2018 Health Datapalooza** / Academy Health / Washington, DC
- April 29 - May 4 <https://tinyurl.com/jghhyv2>  
**Conference: 2018 HEI Conference** / Health Effects International / Chicago, IL
- April 29 - May 4 <http://icoh2018.org/wp/>  
**Conference: ICOH (International Commission on Occupational Health) 2018** / Multiple Sponsors / New York, NY

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<http://epimonitor.net/Events.htm>

Printable 2018 Calendar  
<https://tinyurl.com/y95pm5n>



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## Cancer Epidemiology Faculty Position at the Fred Hutchinson Cancer Research Center

The Cancer Epidemiology Program in the Division of Public Health Sciences at the Fred Hutchinson Cancer Research Center invites applications for a faculty position at the Assistant or Associate Member (equivalent to Assistant or Associate Professor) level depending on qualifications. We seek candidates whose research interests are focused on advancing knowledge of the etiology of cancer or identifying determinants of outcomes following cancer diagnosis, including prognosis and treatment response/toxicity. Areas of particular interest include, but are not limited to, molecular and genetic epidemiology; pharmacoepidemiology; electronic health records, geospatial measures, mobile technology, and other novel biomedical data sources; social determinants; and survivorship.

The successful candidate will be expected to develop a dynamic independent research program and to join in collaborative multidisciplinary and translational endeavors pertinent to our mission of reducing cancer incidence, progression, and sequelae through the identification of risk determinants and translation of discoveries into preventive strategies. Applicants should have a doctoral (PhD or MD with MPH/MS) degree or equivalent training in cancer epidemiology (or a related discipline) and relevant research experience.

The Cancer Epidemiology Program is part of the Fred Hutch's Division of Public Health Sciences, home of an extensive portfolio of population science research, large specimen and data repositories, a SEER cancer registry, a prevention center designed for intervention research, and a large multidisciplinary faculty. The Fred Hutch, together with the University of Washington, Seattle Children's, and the Seattle Cancer Care Alliance, is an NCI-designated Comprehensive Cancer Center with active training programs for graduate students and postdoctoral fellows. An affiliation with the University of Washington is possible, depending on qualifications and interests.

Interested individuals should submit their application, including CV, a statement describing current research interests and future research plans, and the names and contact information of four references. Fred Hutch is using Interfolio as the application portal for this position. Apply at the following link <https://apply.interfolio.com/48564>. Review of applications will begin immediately and continue until the position is filled.

*Fred Hutchinson Cancer Research Center is an equal opportunity employer, committed to workforce diversity. We strongly encourage applications from women, minorities, individuals with disabilities and veterans.*



## Injury Research Faculty Position Center for Injury Research and Policy Nationwide Children's Hospital and The Ohio State University Columbus, Ohio

The Center for Injury Research and Policy, located in The Research Institute of Nationwide Children's Hospital and affiliated with The Ohio State University, is seeking applicants for a tenure track faculty position in injury and violence research. Faculty members have an appointment in the Department of Pediatrics of The Ohio State University College of Medicine, and joint appointments in other departments and colleges within the university are easily arranged.

Applicants should have a doctoral degree in the public health, medical, or related field, and a track record in research productivity. Applicants will be considered at the Assistant, Associate, and Full Professor levels. Applications from mid-career researchers are strongly encouraged. Salary and benefits are very competitive and are based on experience and academic rank, and an attractive startup package will be tailored to the faculty member's needs.

The Center for Injury Research and Policy ([www.injurycenter.org](http://www.injurycenter.org)) is one of 10 CDC-funded Injury Control Research Centers and focuses on the prevention of injury among children and adolescents. Its faculty members are active in injury research and prevention at local to global levels. Center faculty members teach and mentor students at The Ohio State University and from other institutions across the nation. Its global injury research program includes ongoing projects with its affiliate faculty in low- and middle-income countries and a visiting scholars program. Through multiple partnerships, the Center has established collaborative networks of injury professionals regionally, nationally, and globally. A translational research team within the Center helps faculty members disseminate their research findings.

Individuals interested in applying for a position should forward a letter of application and CV to: Gary A. Smith, MD, DrPH, Director, Center for Injury Research and Policy, The Research Institute, Nationwide Children's Hospital, 700 Children's Drive, Columbus, Ohio 43205; telephone (614) 355-5884; e-mail: [Gary.Smith@nationwidechildrens.org](mailto:Gary.Smith@nationwidechildrens.org).

*Nationwide Children's Hospital and The Ohio State University are Affirmative Action/Equal Opportunity Employers. Qualified women, minorities, veterans, and individuals with disabilities are encouraged to apply.*



Julia Jones Matthews  
Department of Public Health

### Faculty Positions Epidemiology— MPH Program TTUHSC

The Department of Public Health at the Texas Tech University Health Sciences Center in Lubbock, Texas, with co-campuses in Abilene is seeking exceptional faculty candidates in the Discipline of Epidemiology to be located in Abilene.

Texas Tech was recently rated the number one best University to work for by Forbes Magazine.

<http://www.texastech.edu/careers/>

**See Requisitions: 12497BR; 12690BR; 5352BR;**

*As an EEO/AA employer, the Texas Tech University System and its components will not discriminate in our employment practices based on an applicant's race, color, religion, sex, national origin, age, disability, genetic information or status as a protected veteran.*

### TENURED OR TENURE-TRACE FACULTY POSITION Epidemiology of Neuropsychiatric Disorders Including Dependence/Addiction Syndromes

The Department of Epidemiology and Biostatistics at Michigan State University (MSU) invites applications for a tenured or tenure-system faculty position (Assistant, Associate, Full Professor) intended to strengthen our existing NIH research and research training programs in psychiatric and drug dependence epidemiology. This position offers a vibrant NIH-oriented university environment, a competitive salary, and a start-up package supported by state general funds. The successful candidate will have a demonstrated capacity for field-driving epidemiological studies on at least one of the syndromes in the top rank of global disease burdens (e.g. mood disorders, schizophrenia) or drug dependence, with career goals that encompass epidemiology and prevention research supported by pertinent NIH agencies (especially NIDA, NIAAA, and NIMH). The successful candidate will be expected to become a partner and leader of extramurally funded research and T32 research training programs based in the department, teach and mentor general epidemiology graduate and medical school students and postdoctoral fellows, as well as to recruit and mentor trainees in the faculty member's own areas of specialization. Adjunct appointments in clinical and basic research departments are possible.

**Requirements:** Doctoral degree (e.g., PhD, MD or equivalent) with demonstrated expertise and sponsored scholarship as outlined above.

Applications will be accepted until the position is filled, with an anticipated start date in 2018. Candidates should apply on-line at <http://careers.msu.edu> for posting **483238**. Include a letter of interest, curriculum vitae, and a 2-page statement of scholarly activities, research and teaching philosophy and contact information for three references (applicant will be notified prior to contacting references). Questions regarding the position should be addressed to: Search Committee Coordinator: Mary Ann Vigil, [vigil@msu.edu](mailto:vigil@msu.edu)

MICHIGAN STATE  
UNIVERSITY

College of Human Medicine

MSU is committed to achieving excellence through cultural diversity. The University actively encourages applications and/or nominations of women, persons of color, veterans and persons with disabilities.

**MSU is an Affirmative Action, Equal Opportunity Employer.**



## Assistant Professor

The Dana Center for Preventive Ophthalmology in Johns Hopkins School University is an internationally acclaimed center for prevention of blindness. We invite applications for a full-time Assistant Professor, tenure track position. The position is available Summer 2018 and requires a doctoral degree in epidemiology or statistics with experience in the conduct and data analyses of studies in eye diseases. Candidates should also have interest in clinical trials. Successful candidates will be responsible for working collaboratively and independently to develop research in eye disease epidemiology. Of particular interest are candidates who bring expertise in quantitative methods. The position will require that candidate obtain independent research grant funding, publish manuscripts and develop an independent program of research.

Salary will be commensurate with experience. Applications will be reviewed until June. Send letter of intent, curriculum vitae, and the names of three references to:  
[David.Friedman@jhu.edu](mailto:David.Friedman@jhu.edu). EEO/AA/M/F/Vets/Disabled

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Memorial Sloan Kettering  
Cancer Center

## CANCER EPIDEMIOLOGIST FACULTY POSITION

Department of Epidemiology and Biostatistics  
Memorial Sloan Kettering Cancer Center  
New York, New York

Applications are invited for a faculty appointment in the Department of Epidemiology and Biostatistics. We seek a colleague who will build a program of independent research in cancer epidemiology in a multidisciplinary collaborative environment located in a major academic cancer center.

The MSK environment encourages and provides unparalleled opportunities for fostering multi-disciplinary collaborations with clinicians, geneticists, pathologists, biostatisticians, cancer biologists and others involved in cancer research as well as patient care. Our large patient population, coupled with the extensive core facilities and distinguished research tradition provides exciting opportunities and a dynamic environment for the creation of an independent research program in epidemiology. Unique features of the institution include access to considerable numbers of rare cancer types, patients with double malignancies or other known genetic syndromes, and rapid access to large populations of patients with more common types of cancer. There are also numerous opportunities to build upon and expand existing on-going epidemiologic investigations.

Candidates should hold a PhD or an MD, and should have post-doctoral research training. Any level of experience will be considered, with the appointment at an appropriate academic rank. MSKCC is an equal opportunity employer with generous compensation and benefits packages. Please send a cover letter, CV, research statement, and contact information for 3 references to the address below. Information about the Department is available at <http://www.mskcc.org/research/epidemiology-biostatistics/epidemiology>.

Katherine Cheung  
[Epidemiology Search]  
Assistant to the Chairman  
Department of Epidemiology and Biostatistics  
Memorial Sloan Kettering Cancer Center  
485 Lexington Avenue, 2<sup>nd</sup> floor  
New York, NY 10017  
[wongk1@mskcc.org](mailto:wongk1@mskcc.org)

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a faculty position at the level of Assistant Professor. This position is available immediately and requires an advanced (Doctoral level) degree in epidemiology and experience in public health practice. This is a part-time (50%) faculty position in the Department of Epidemiology and the Center for Public Health Practice (CPHP). As faculty in the Department of Epidemiology, the incumbent will develop an applied epidemiology course and training opportunities for MPH students at the Allegheny County Health Department. As faculty of the CPHP, the incumbent will develop public health training opportunities, coordinate student activities, conduct applied research, and provide technical assistance.

PhD or DrPH degree in epidemiology required. Experience or current position in epidemiology or the health department is preferred. This position is outside of the tenure stream and is funded by grants and institutional funds. 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 #0136166, c/o D. Bushey, Department of Epidemiology, Graduate School of Public Health, A528 Crabtree Hall, University of Pittsburgh, Pittsburgh, PA 15261.

*The University of Pittsburgh is an Affirmative Action/Equal Opportunity Employer and values equality of opportunity, human dignity and diversity. The University of Pittsburgh is an Affirmative Action/Equal Opportunity Employer and values equality of opportunity, human dignity and diversity. EEO/AA/M/F/Vets/Disabled*

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