



EpiMonitor

Epidemiology for epidemiologists

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

Editor's Note:

At the EpiMonitor, we would love to hear perspectives, opinions, field experience, and research from epidemiologists like you. Consider submitting a piece for a future newsletter at: info@epimonitor.net

This month's issue highlights the summer programs in epidemiology and biostatistics nationwide. In addition you will note we have articles on addressing missing data in study outcomes and the ongoing issues related to food security – this time focusing on the rising role of dollar stores in rural areas.

We continue to provide you with our crossword series, Notes on People, an overview of what we are reading from the public media, and upcoming events for epidemiologists. If you enjoy our crosswords, you'll find the answers for January's puzzle on page 25.

Finally, don't miss the Job Bank offerings this month. We have some fantastic job openings advertised both here and on our website. We continue to field inquiries from employers throughout the US and beyond.

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Addressing Missing Data In Study Outcomes

Author: Madeline M. Roberts, MPH, PhD

Missing data is something of an inconvenient truth in epidemiological studies. Virtually every investigator and every study are subject to missing data to varying degrees. Non-response, loss-to-follow up, and errors in data entry are just a few of the possible contributing factors. If left unaddressed, missing data leads to imprecise results and can introduce substantial bias into study conclusions. Because missing data in some capacity is a virtual certitude within any study, how investigators deal with missing data is critically important.

A recent [study](#) in the American Journal of Epidemiology by Cole et al implores epidemiologists to account for missing data as opposed to simply ignoring it. The authors demonstrate the impact of missing data through several data simulations on a randomized control data set which was not subject to missing data. Different conditions for missing data were artificially imposed on this complete data set to demonstrate the potential impact of missing data. For each missing data mechanism, two approaches were used, one naïve (complete-case analysis) and one principled (generalized computation). The simulated missing data mechanisms and study findings were as follows:

Missing completely at random (MCAR): in this case, 25% of participant outcomes were set to missing independent of treatment status, the covariate of interest, and the value of the outcome.

Simulation results: using complete-case analysis had no resulting bias but did have a loss of precision (standard error was 1.16

larger compared to the complete data set). No improvement in precision was demonstrated after accounting for MCAR data.

Missing at random (MAR) with positivity: the authors define positivity as the condition that each study participant has a positive probability of having observed data given measured covariates. In this case, half of the participants who *both* received treatment *and* had the covariate of interest, and half of the participants who *neither* received treatment *nor* had the covariate of interest each had their outcomes set to missing

Simulation results: substantive bias was introduced using complete-case analysis, which was ameliorated when missing data was accounted for, though at the cost of precision (standard error was 1.07 times larger compared to no bias correction).

Missing at random (MAR) without positivity: all participants who received both the treatment and had the outcome of interest had their outcomes set to missing (probability of being observed for this group was zero—nonpositive).

Simulation results: substantive bias was also introduced under complete-case estimation, however here it was not improved upon accounting for missing data.

Missing not at random (MNAR): among participants who did not have the outcome of interest, half of the participants who *both* received treatment *and* had the covariate of interest, as well as half of the participants who

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neither received treatment *nor* had the covariate of interest had their outcomes set to missing. Additionally, half of the participants who did have the outcome of interest and who were in the treatment arm of the study had their outcomes set to missing.

Simulation results: bias was again introduced using complete-case estimation. Accounting for the missing data mitigated but did not fully eliminate this bias.

These types of data simulations have been done before, and missing data mechanisms have been thoroughly discussed in the work of Drs. Paul Allison, Roderick Little and Donald Rubin, among others. In this study, the two scenarios in which accounting for missing data did not improve bias were MCAR and MAR without positivity. MCAR is a stringent assumption and not commonly encountered in practice. Many researchers find that their data reasonably fall under the MAR assumption, though it may be difficult to discern whether these data are with or without positivity. It is helpful to note that under the more common assumption of MAR (with positivity), bias can be ameliorated when a principled approach is applied, though this example also demonstrates that without positivity an unbiased parameter estimate may not be achievable.

This particular demonstration dealt exclusively with missing outcome data, but serves as an important reminder for epidemiology as a field to do our due diligence in accounting for and applying appropriate principled approaches to missing data. It is true that one cannot empirically verify missing data assumptions since to do so would require information on the data that are missing. We are never certain that our assumptions about missing data are true

given what data is observed. It is possible, however, to thoughtfully and methodically evaluate what data is available. Principled approaches such as maximum likelihood and multiple imputation are available in standard statistical packages and, when appropriately utilized, can maximize what data is available and also mitigate bias. An excellent article on approaches to missing data in a primary care setting can be found [here](#).

Paul Allison commented in one of his seminars, "It's sort of like linear regression where we standardly assume that the error term is uncorrelated with the predictors. We never know for sure if that's true and, in fact, it's probably always false to some degree. The idea is to control for everything that we can observe and assume that whatever we can't observe is completely random."

As the study's authors aptly state, "Missing data are arguably the central analytic problem for epidemiology, because confounding and measurement error may be framed as implicit missing-data problems." May we as epidemiologists double down on our efforts to understand missing data mechanisms and utilize the optimal statistical tools for analysis.

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Interested in writing?

The EpiMonitor is always looking for great articles to share with our readers

Inquire with details

info@epimonitor.net

The Rising Role Of Dollar Stores As Food Access Points Among Rural Households

Author: Madeline M. Roberts MPH, PhD

As we continue to individually and collectively regain our footing after the past few years, we find that among many other things, access points to food are shifting. Within the past two years, grocery stores have had to pivot and respond to all manner of [challenges](#)—supply chain interruptions, labor shortages, inflation, and changes in consumer shopping patterns and preferences to name a few. Over the past two decades, the United States has experienced a decline in both the number of grocery stores as well as the average proportion of household food budgets spent at grocery stores.

A recent article in the American Journal of Public Health analyzed this shift with a particular emphasis on what's happening in rural areas. The authors found that between 2008 to 2020, dollar stores were the fastest-growing food retailers, an overall increase of 89.7%. Rural areas, however, experienced the highest increase at 102.9%. In context, dollar stores remain a small proportion of total national food purchases (2.1% in 2020), but for certain demographics, particularly within underserved and rural communities, these stores are increasingly becoming food access points.

The study results also showed that rural non-Hispanic Black households spent the greatest proportion (11.6%) of their food budget in dollar stores. Additionally, an inverse relationship was observed between income and proportion of food expenditures in dollar stores. The lowest income households (less than \$25,000 annually) spent the highest proportion of their food budgets in dollar stores, and of these low-

income households, those located in rural areas spent the most on food in dollar stores. By geographic region, rural households in the South spent the highest proportion of their food budgets at dollar stores.

The sticking point is that, in general, dollar store food offerings are predominately packaged goods with lower nutritional value, though some dollar stores now carry more nutritious items such as dairy products and eggs. With high-calorie, low-nutrient density food comes the increasing potential for both short- and long-term deleterious health outcomes. This dangerously dovetails with the fact that rural communities also often have reduced access to health care compared to more densely populated areas.

According to the United States Census Bureau, 97% of our nation's land mass is classified as rural, while only [approximately 20% of the U.S. population](#) lives in a rural area. The remaining 80% of us live on just 3% of the U.S. land area in more densely populated urban areas. Those living in rural areas have several [social determinants](#) associated with poorer health—they are generally older, earn less, and are less educated compared to their urban counterparts. Rural areas also [report](#) significantly more preventable hospitalizations and significantly fewer primary care physicians and mental health providers per 100,000 residents compared to urban areas.

Over the past five years, food insecurity within the United States has remained stable, though not optimal, at around 10% (EpiMonitor has

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written previously about food insecurity [here](#)). The US Department of Agriculture Economic Research Service [reports](#) that in 2021, 90% of U.S. households were food secure, while the remaining 10% experienced food insecurity at least some time during the year. Single-mother households and those living below the poverty line experience the highest rates of food insecurity, and approximately 12% of households with children experience some type of food insecurity. Rural households comprise [18% of all food-insecure households](#) in the U.S. For those at-risk for food insecurity and/or for those living in areas lacking proximity to grocery stores, dollar stores may fill a critical gap in meeting household food needs.

If dollar stores are indeed a potential intervention point for food insecurity,

particularly in rural areas as these study results may indicate, then perhaps gains can also be made in increasing the nutritional value of the product selection. If dollar stores have been able to achieve and thus far sustain such rapid growth, perhaps the next iteration of incremental change involves improvements (even if only modest ones) in food quality for these underserved areas. The need still exists for research that explores economic incentives for such stores to improve nutrition quality, as well as innovation in food distribution. It is not completely impossible to think that in identifying an opportunity for gaining market share in the food retail space, dollar stores or a similar concept could one day be leveraged for improving access to nutritious foods.

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episummer@columbia
Columbia University – New York City

Name	episummer@columbia
Sponsors	Department of Epidemiology, Columbia University Mailman School of Public Health
Location	Online and New York, NY
Program year	12 th (over 500 participants each year)
Types and dates of Courses	All in June Asynchronous ranging from 5 to 40 hours, N=17 Online Synchronous ranging from 4 to 20 hours, N=10 Hybrid, 12 hours, N=2 In-person Synchronous, 4 hours, N=1
Number of Courses	30
Language	English
Number of faculty	24 Most are from Columbia
Target audience	Public health faculty and practitioners, clinician researchers, students (doctoral, master's and undergraduate), research staff and industry
Cost	For non-academic credit, ~\$50 per hour of instruction
Deadline for registration	May 1, 2023
Limit on participants	No limits for most of the courses
Course directors	Thelma Mielenz
Contact information	Gerald Govia, cuepisummer@columbia.edu https://www.publichealth.columbia.edu/research/episummercolumbia
Comments	Columbia University's Department of Epidemiology has a summer institute every June called episummer@columbia that enables anyone anywhere in the world to engage in the world-class coursework and high-quality instruction offered at Columbia University. It provides opportunities to gain foundational knowledge and applied skills for advancing population health

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research. episummer@columbia's intensive short courses are offered in synchronous or asynchronous online learning formats. Registrants for episummer@columbia courses need access to high-speed internet. Specific information about online access is provided to registrants before the course begins.

episummer@columbia: synchronous learning

Our synchronous courses vary in length from 4 hours to 20 hours delivered in an online live, in-person or hybrid format. These courses are offered only on a specific date and time allowing registrants the ability to interact live with their episummer@columbia course instructor and other registrants.

episummer@columbia: asynchronous learning

Each asynchronous course, varying in length from 5 hours to 40 hours, contains lectures and course material presented online with materials released by the instructor accordingly. The flexible format will include video or audio recordings of lecture material, file sharing and topical discussion fora, self-assessment exercises, real-time electronic office hours and access to instructors for feedback during the course.

Newer courses:

Intensive R for Epidemiologists

Infectious Disease Modeling: A Brief Introduction

Introduction to Causal Inference with Longitudinal Data

Introduction to Machine Learning for Epidemiologists

Applied Growth Mixture Modeling

Epidemiology of Police Violence

Rethinking Criminal Justice as Public Health

University of Michigan Summer Session in Epidemiology

Ann Arbor, MI

Name	The University of Michigan Summer Session in Epidemiology
Sponsors	UM School of Public Health
Location	Ann Arbor, MI
Program year	2023 offered for 58 years.
Types and dates of Courses	July 10-28, 2023 offered both online and in-person
Number of Courses	26
Language	English
Number of faculty	30
Target audience	The SSE is designed for public health and healthcare professionals, researchers, and others who want to build a foundation in epidemiologic science.
Cost	\$650 Per non-credit 1 credit hour \$1,942 2 credit hours \$ 3,686 3 credit hours \$5,430 4 credit hours \$7,174 5+ credit hours \$8,918 Mandatory fees \$83.10
Deadline for registration	May 31, 2023, after 5/31 one can still apply but, late fees are incurred.
Limit on participants	200+
Course directors	Eduardo Villamor, MD, MPH, DrPH
Contact information	SummerEpi.org

The Annual Summer Program in Population Health

Ohio State University, Columbus OH

Name	The Annual Summer Program in Population Health
Sponsors	Center for Public Health Practice at The Ohio State University College of Public Health
Location	Columbus, OH
Program year	2023 will be the 24 th Annual Summer Program
Types and dates of Courses	June 26 – June 29, In person Two 2-day sessions
Number of Courses	8
Language	English
Number of faculty	8 presenting faculty with additional guest lecturers
Target audience	Professionals working in public health, health care, local and state government, community health, health data analytics and academia.
Cost	Prices for this year are still being finalized while we confirm the schedule and speakers. Early, regular, and student registrations will be available.
Deadline for registration	Early Registration Deadline: May 15, 2023 Regular Registration Deadline: June 16, 2023
Limit on participants	No limits, space permitting
Course directors	Dr. Andrew Wapner
Contact information	cph-practice@osu.edu https://u.osu.edu/cphp/summer-program/
Comments	The Annual Summer Program in Population Health prepares public health practitioners and other professionals with the tools and best practices needed to address new challenges in keeping our communities healthy. Through courses taught by national renowned faculty, the Summer Program educates and trains practitioners, researchers and students in population health methods and builds their capacity to address emerging health priorities. The program is intended to appeal to a broad range of professionals who are interested in understanding and improving the health of communities.

The Causal Inference Summer Courses

Harvard T.H. Chan School of Public Health

Name	The Causal Inference Summer Courses
Sponsors	The CAUSALab, Department of Epidemiology, Harvard T.H. Chan School of Public Health
Location	Boston Massachusetts or Online
Program year	5 th year, first course was offered in 2017 however it has now developed from one to four. Between 2020-2021 no courses held due to Covid.
Types and dates of Courses	<p>Participants can take one course per week.</p> <ul style="list-style-type: none"> a. Week One: June 20-23 (Four Days) <ul style="list-style-type: none"> i. Key Topics in Causal Inference ii. Advanced Confounding Adjustment (New) b. Week Two: June 26-30 (Five Days) <ul style="list-style-type: none"> i. Combining Information for Causal Inference (New) ii. Target Trial Emulation
Number of Courses	4
Language	English
Number of faculty	<p>Faculty varies each course, total: 8 (plus one non-faculty instructor)</p> <ul style="list-style-type: none"> a. Key Topics in Causal Inference: 5 b. Advanced Confounding Adjustment: 2 (and one non-faculty instructor) c. Combining Information for Causal Inference: 2 d. Target Trial Emulation: 2 (and one non-faculty instructor)
Target audience	<p>Target audience</p> <ul style="list-style-type: none"> a. Key Topics in Causal Inference: Researchers interested in acquiring a roadmap to navigate the literature on causal inference methods. b. Advanced Confounding Adjustment: Researchers and analysts who want to acquire skills that are required for causal inference with time-varying treatments. c. Combining Information for Causal Inference: Researchers and analysts who want to use combinations of randomized trial and real-world data to learn what works. d. Target Trial Emulation: Researchers and analysts who use real-world databases to learn what works.

Cost	<p>Cost (In-Person)</p> <ol style="list-style-type: none">Key Topics in Causal Inference: \$1,200.00Advanced Confounding Adjustment: \$1,700.00Combining Information for Causal Inference: \$1,200.00Target Trial Emulation: \$1,700.00 <p>If participants attend virtually using our online option, it is \$500 per course. Please recommend they visit our website to decide between the in-person and online experiences as they vary.</p>
Deadline for registration	No deadline, registration for each course will close when the courses are at capacity.
Limit on participants	Each course is limited to the number of seats offered in each space.
Course directors	Miguel Hernán - Director of the CAUSALab
Contact information	Website: https://causalab.sph.harvard.edu/courses/ Email: causalabcourses@hsph.harvard.edu
Comments	<p>This summer learn from the experts on causal inference!</p> <p>We are excited to announce that CAUSALab will be hosting its annual summer of courses on causal inference between June 20 and June 30, 2023. This year we are introducing two new courses: "Advanced Confounding Adjustments" and "Combining Information for Causal Inference". All courses will take place in person and online.</p> <p>Participants will be able to register starting in January 2023 for one or two courses of their choice. Please note that some courses take place during the same week and cannot be attended simultaneously.</p> <p>Each course is designed for a specific audience and has various prerequisites that participants must meet in order to attend. To understand which courses are right for you, please read our descriptions located on our website.</p>

Johns Hopkins 41st Graduate Summer Institute of Epidemiology and Biostatistics

Name	Johns Hopkins 41st Graduate Summer Institute of Epidemiology and Biostatistics
Sponsors	Johns Hopkins Bloomberg School of Public Health
Location	Baltimore, Online, Hybrid
Program year	41
Types and dates of Courses	June 12–June 30, 2023
Number of Courses	The course list can be found here: http://bit.ly/3J0vl28
Language	English
Number of faculty	
Target audience	Institute participants include students, clinicians, public health practitioners, physicians in training and those considering a career in public health
Cost	Tuition and fees can be found here: http://bit.ly/3KlgBX3
Deadline for registration	June 9, 2023
Limit on participants	Space permitting, applications are accepted until the start of class. However, students are strongly encouraged to register by June 9, 2023 to ensure receiving course confirmation and to avoid cancellations.
Course directors	Moyses Szklo, MD, MPH, DrPH
Contact information	Ayesha Khan akhan@jhsph.edu 410-955-7158 Website: http://bit.ly/3xxZn8o
Comments	<p>The Graduate Summer Institute offers short, intensive courses in epidemiology and biostatistics intended to develop an understanding of the principles, methodologic strategies and practical aspects of epidemiological research.</p> <p>The Summer Institute has been in existence since 1983, and has trained thousands of students from the U.S. and around the world. Institute participants include students, clinicians, public health practitioners, physicians in training and those considering a career in public health.</p>

Summer School on Modern Methods in Biostatistics and Epidemiology

Name	Summer School on Modern Methods in Biostatistics and Epidemiology
Sponsors	BioStatEpi Italian Society of Medical Statistics and Clinical Epidemiology (SISMEC) Italian Biostatistics Group (IBIG) International Biometric Society (IBS) - Italian Region
Location	Treviso, Italy
Program year	
Types and dates of Courses	June 4 - June 17, 2023
Number of Courses	22 https://www.biostat.epi.org/description.htm
Language	
Number of faculty	25
Target audience	Physicians, clinicians and public health professionals from public and private institutions who are looking for systematic training in the principles of epidemiology and biostatistics, or epidemiology applied to health care planning and evaluation. Students in biostatistics and epidemiology, and researchers both from public and private institutions who wish to increase their familiarity with quantitative methods or to deepen their knowledge of a specific area of interest, so they can more effectively address problems in health research.
Cost	1,300 € - 3,100 € plus housing
Deadline for registration	May 24, 2023
Limit on participants	
Course directors	Rino Bellocco (Course Director) / Marco Bonetti (Course Director)
Contact information	https://www.biostat.epi.org/ bioepiedu@ki.se Mobile: +39 392 3476329 Rino Bellocco (Course Director) Mobile: +39 347 9240424 Marco Bonetti (Course Director)
Comments	The School is held in the Brandolini Colombaro castle located in Cison di Valmarino, in the Northeast of Italy. The School offers introductory and advanced courses in biostatistics and epidemiology, and their applications to clinical and etiology research and public health

2023 Public Health Institute University of Minnesota

Name	2023 Public Health Institute
Sponsors	University of Minnesota
Location	Twin Cities / Minneapolis, MN plus some virtual courses
Program year	
Types and dates of Courses	May 15-June 2, 2023
Number of Courses	34 http://bit.ly/41yaSsK
Language	English
Number of faculty	34
Target audience	<p>Graduate students in public health, medicine, veterinary medicine, nursing, dentistry, public affairs, law, social work, pharmacy, public policy, global health, agricultural, food, and environmental sciences</p> <p>Practicing professionals in public health and other health and human service organizations; city, county, state, and federal government agencies; private-sector businesses and industry</p>
Cost	\$1,095 per credit
Deadline for registration	One week prior to course start date
Limit on participants	
Course directors	Meghan Taylor, Director
Contact information	Meghan Taylor, Director / tayl0427@umn.edu / 612-626-8434 phi@umn.edu
Comments	The Summer Public Health Institute offers courses for students and practicing professionals in public health and related fields. Participants can build or expand their professional expertise, learn best practices, broaden career options, network with other professionals, or explore a new area of interest.

Summer Program in Epidemiology

European Educational Programme in Epidemiology

Name	Summer Program in Epidemiology
Sponsors	European Educational Programme in Epidemiology (EEPE)
Location	Florence, Italy
Program year	35th
Types and dates of Courses	June 18 – July 14
Number of Courses	The course offers in the first two weeks five general modules on epidemiological study design and statistical analysis of epidemiological data. In the third week several special modules cover topics of current relevance for health and advanced methodological issues.
Language	English
Number of faculty	The courses are taught in English by lecturers mostly from European universities and research institutes and are held in residential form in the “Studium” centre on the hills close to Florence.
Target audience	
Cost	1,300 € - 3,500 € inclusive (non-residential and single occupancy options available at different prices)
Deadline for registration	Places are allocated on a first come, first serve basis
Limit on participants	See above
Course directors	Lorenzo Richiardi and Neil Pearce
Contact information	https://www.eepe.org/
Comments	Participants have appreciated the opportunity of combining an intensive learning experience with the unique attraction for cultural and artistic enjoyment offered by Florence and Tuscany. We are proud to report a comment written by a participant in the evaluation form at the end of the course “Nowhere else such a high quality presentation of the key topics in modern epidemiology in such a short time”.

ESCMID Summer School Seville, Spain

Name	ESCMID Summer School
Sponsors	ESCMID
Location	Seville, Spain
Program year	21st
Types and dates of Courses	July 1 – July 8
Number of Courses	https://bit.ly/3YY2W2t
Language	
Number of faculty	https://bit.ly/3YY2W2t
Target audience	The program will interest young MDs at the end of their specialty training as well as biologists, pharmacists, PhD students and postdoctoral fellows working in the infection field.
Cost	900 € - 1.400 €
Deadline for registration	June 1, 2023
Limit on participants	
Course directors	Jesús Rodríguez Baño
Contact information	https://bit.ly/3G0Hwuu
Comments	A one-week course dedicated to postgraduate and continuing medical education. The programme covers a broad range of topics in clinical microbiology and infectious diseases and will interest young MDs at the end of their specialty training as well as biologists, pharmacists, PhD students and postdoctoral fellows working in the infection field.

UCL Health and Society Summer School

Social Determinants of Health

Name	Social Determinants of Health
Sponsors	University College London / Department of Epidemiology & Public Health
Location	London, England
Program year	
Types and dates of Courses	July 3 – July 7
Number of Courses	http://bit.ly/38BugL5
Language	English
Number of faculty	
Target audience	The summer school is designed for everyone who wants to learn more about the social determinants of health, including for example, those who already work in the field of public health and who want to refresh their knowledge of population health, and those who are considering a career in public health or related research such as social epidemiology and health policy (national and global). Our course is multi-disciplinary.
Cost	950 € - 1,100 €
Deadline for registration	June 19, 2023
Limit on participants	
Course directors	Dr Ruth Bell
Contact Information	http://bit.ly/38BugL5 r.bell@ucl.ac.uk
Comments	<p>The summer school is organised annually by the Department of Epidemiology and Public Health. It provides an in-depth assessment of the social determinants of health from a global research, policy and governance perspective. Participants will have numerous opportunities for discussion over the one week course.</p> <p>Professor Sir Michael Marmot will open the summer school with a presentation on the social determinants of health and close the week with a discussion on national and international policy development.</p>

Summer School of Advanced Epidemiology and Preventive Medicine

Name	Summer School of Advanced Epidemiology & Preventive Medicine
Sponsors	University of Tel Aviv / School of Public Health
Location	Tel Aviv, Israel
Program year	10th
Types and dates of Courses	July 9 – July 14
Number of Courses	2
Language	English
Number of faculty	The courses are taught in English by world-renowned faculty from Johns Hopkins University (JHU), Tel Aviv University (TAU), Harvard University (HU), University of British Columbia (UBC), University of Maryland, Baltimore (UMB), Northwestern University (NU), London School of Hygiene & Tropical Medicine (LSHTM), World Health Organization (WHO), United States Centers for Disease Control and Prevention (CDC), and other academic and research institutions.
Target audience	Students in public health/medicine track (graduate and qualified undergraduate), clinicians, healthcare executives, researchers, policymakers, and those with a special interest in epidemiology and preventive medicine.
Cost	\$900 - \$1,700
Deadline for registration	June 1, 2023
Limit on participants	
Course directors	Dani Cohen, PhD, MPH http://bit.ly/3KCBqTU
Contact Information	Ms Saritte Perlman summersph@tauex.tau.ac.il +972-(0)3-640-7796 http://bit.ly/2WO6wOg
Comments	The Summer Institute of Advanced Epidemiology and Preventive Medicine offers a variety of intensive courses for graduate students (MPH, MSc Epidemiology, PhD and MD candidates), qualified undergraduate students, clinicians, health care executives, researchers, policy makers, and those with special interest in epidemiology and preventive medicine -- from Israel and abroad.

McGill Summer Institute In Infectious Diseases and Global Health

Name	McGill Summer Institute in Infectious Diseases and Global Health
Sponsors	McGill University
Location	Montreal, Canada and Virtual
Program year	8th
Types and dates of Courses	May 29 – June 16
Number of Courses	10
Language	English
Number of faculty	http://bit.ly/3EJW54x
Target audience	Our offerings attract students looking for a deeper understanding of key infectious disease topics and attract working researchers and clinicians looking for professional development courses taught by leaders in the field. The schedule of courses for 2023 is below. Links to each course page provide more details of what will be taught and exact dates, times, and format of the courses.
Cost	Varies based on a number of factors http://bit.ly/3Klv5pP
Deadline for registration	February 28 th for individuals wishing to attend in person. Course registration ends when an individual course is full or 7 days before the course starts,
Limit on participants	
Course directors	Dr. Charles Larsen
Contact Information	http://bit.ly/3KEKgQT
Comments	The 2023 edition of the Institute in Infectious Diseases and Global Health features 10 diverse courses that offer a range of learning on topics from research methods to the latest about diagnostics. This year we welcome two new courses “Engaging all health providers to End TB: Public-Private Mix (PPM)” and “Pandemic Preparedness, Alert, and Response”. Our popular hands-on laboratory course “Malaria and Parasitic Zoonoses” returns this year and complements the “Clinical Tropical and Geographic Medicine” course as a great biannual update for clinicians.

10th Annual Summer Institute in Statistics for Clinical & Epidemiological Research (SISCER)

Name	Annual Summer Institute in Statistics for Clinical & Epidemiological Research (SISCER)
Sponsors	University of Washington
Location	Virtual
Program year	10th
Types and dates of Courses	July 10 – August 1
Language	English
Target audience	One of the goals of SISCER is to strengthen the statistical proficiency and career development of scholars from all backgrounds, especially those from groups historically underrepresented in STEM such as racial and ethnic minority groups, low income, first generation college students, veterans, individuals with disabilities, and 2SLGBTQ groups.
Cost	Varies based on a number of factors http://bit.ly/3OizBL6
Course directors	Kathleen Kerr
Contact Information	siscer@uw.edu
Comments	The Summer Institute in Statistics for Clinical & Epidemiological Research (SISCER) offers introductory and advanced short courses in methods for clinical research and epidemiology. Participants will find learning opportunities for clinical trials, observational data, biomarker research, complex surveys, and Bayesian biostatistics.

9th Annual Summer Institute for Statistics in Big Data (SISBID)

Name	Annual Summer Institute for Statistics in Big Data
Sponsors	University of Washington
Location	Virtual
Program year	9th
Types and dates of Courses	July 24 – August 4
Number of Courses	4
Language	English
Number of faculty	8
Target audience	One of the goals of SISBID is to strengthen the statistical and data science proficiency of scholars from all backgrounds, especially those from groups historically underrepresented in STEM such as racial and ethnic minority groups, low income, first generation college students, veterans, individuals with disabilities, and 2SLGBTQ groups.
Cost	\$395 - \$595
Course directors	Ali Shojaie
Contact Information	http://bit.ly/3mOIFtn
Comments	The Summer Institute for Statistics in Big Data (SISBID) is designed to introduce biologists, quantitative scientists, and statisticians to modern statistical techniques for the analysis of biological big data. Ali Shojaie serves as the Director of SISBID.

15th Annual Summer Institute in Statistics & Modeling in Infectious Disease (SISMID)

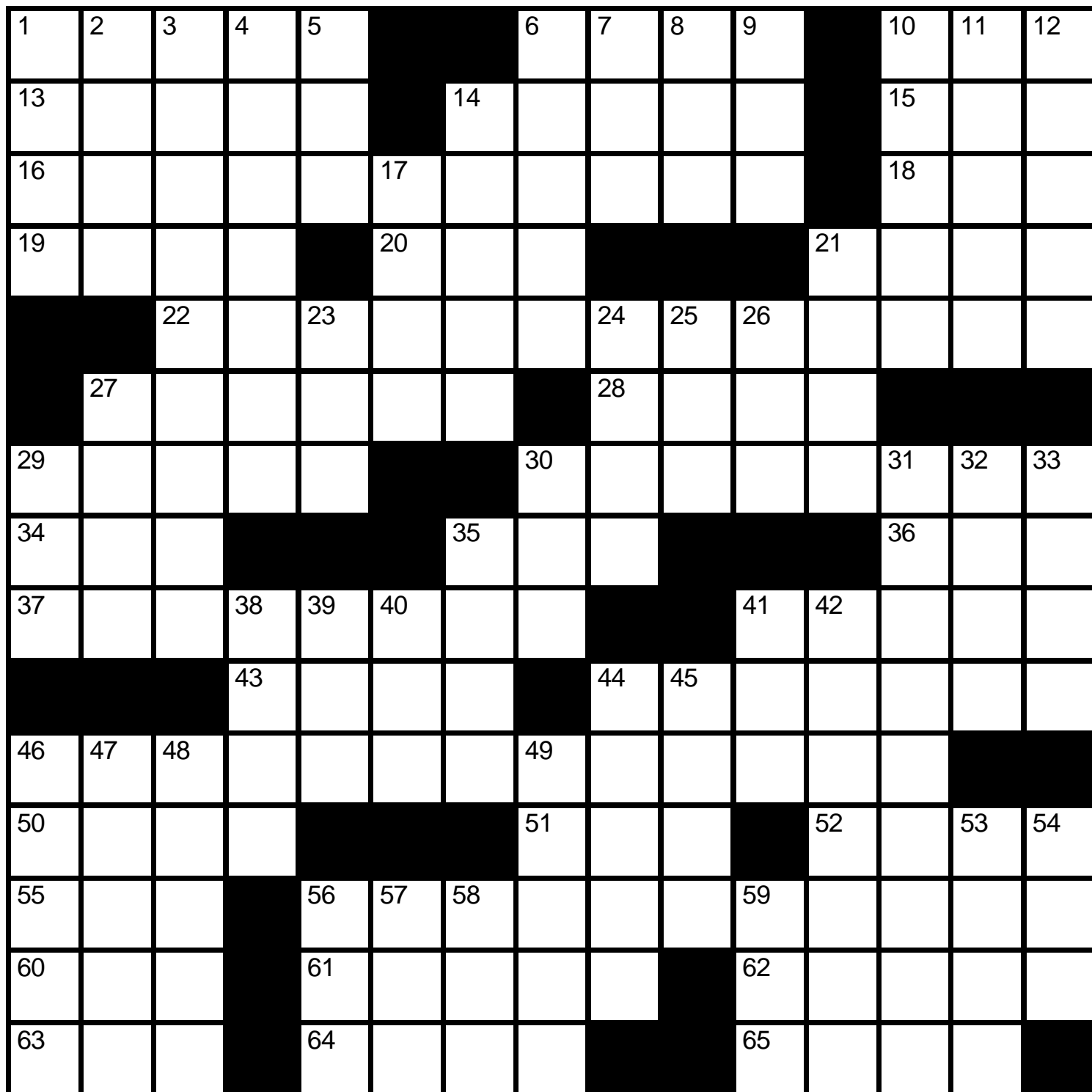
Name	Annual Summer Institute in Statistics & Modeling in Infectious Disease
Sponsors	University of Washington
Location	Seattle, WA
Program year	15th
Types and dates of Courses	July 10 – July 26
Number of Courses	16
Language	English
Number of faculty	34
Target audience	One of the goals of SISMID is to strengthen the statistical proficiency as applied to infectious diseases and career preparation of scholars from all backgrounds, especially those from groups historically underrepresented in STEM such as racial and ethnic minority groups, low income, first generation college students, veterans, individuals with disabilities, and 2SLGBTQ groups.
Cost	\$595 - \$795
Course directors	M. Elizabeth Halloran
Contact Information	https://bit.ly/2RWT7iZ
Comments	The Summer Institute in Statistics and Modeling in Infectious Diseases (SISMID) is designed to introduce infectious disease researchers to modern methods of statistical analysis and mathematical modeling and to introduce statisticians and mathematical modelers to the statistical and dynamic problems posed by modern infectious disease data.

Epi Crossword Puzzle – February 2023

Cut On The Bias

Our crossword puzzle was created by by Dr. Richard Dicker—A former CDC employee and not-quite-retired epidemiologist. For an online version go to: <http://bit.ly/3XYWQgR>

For the solution to January's crossword please go to page 25.



- Crossword Questions cont'd on page 24

Across

1. Citizen of Mecca
6. "___ on Down the Road"
10. Apprehend
13. Confessed, with "up"
14. Word before tube or circle
15. First name of "Vagina Monologues" author
16. *Its French translation is confusion*
18. In probability, the carat above P
19. Banned apple spray
20. Behold
21. One of the names in the acronym HOMES
22. *Nondifferential misclassification usually biases results this way*
27. Capital of Oman
28. Military slang for whirlbird
29. Among African elephants, it happens about 22 months after conception
30. *Bias that can result from selecting cases and controls from hospitalized patients*
34. Glass of public radio
35. Beaver's work
36. The Zuckerman College of Public Health is part of this institution (abbr.)
37. _____ *stratification bias*, or Large Hadron particle accelerator
41. Cigarettes or derrieres
43. Treatment for a common type of anemia
44. St. ___ U. School of Medicine, Grenada
46. *Bias (effect) seen in some occupational studies*
50. The USSR to the U.S., during World War II
51. Cast
52. Tattled
55. U.N. worker's agcy.
56. *Bias attributed to the person administering the questionnaire*
60. Family members
61. Scottish estate owner
62. Into painting, music, drama, etc.
63. "___ it or lose it"
64. Where your patella is
65. Last name of U.S. Open stadium

Down

1. Dance music heard around 44-Across
2. Missing from the Marines, say
3. "_____ Causes," name of medical detective books by several different authors

Down continued

4. Clear, as a windshield in winter
5. Altar vow
6. Broke off
7. "Give me ___!" (start of an Iowa State cheer)
8. 1/100 of a yen
9. 0.0000001 joule
10. India's first prime minister
11. To no ___ (fruitlessly)
12. Chewing this nut can stain teeth red
14. Like krypton or argon
17. Insurance company for military families (Rob Gronkowski doesn't qualify)
21. Baseball's Slaughter
23. High blood pressure in MD's office (abbr.)
24. Not us
25. 2013 sci-fi romance between a writer and operating system
26. Antlered animal
27. Catalan painter Joan
29. French pen name
30. x-___ (sample mean)
31. Bone spur, for example
32. Do or sol
33. Back talk
35. Contradict
38. Easter flower
39. NY subway line
40. Cry from Homer Simpson
41. Antelope in Afrikaans
42. They link the kidneys to the bladder
44. "Follow the Drinking ___" (Underground Railroad song)
45. 'Twas the night before Chanukkah
46. Japanese verse
47. More than 12 million immigrants to the U.S. were processed on this island
48. If you walk with hope in your heart, you'll never walk this way, per Rodgers and Hammerstein
49. One of the five W's
53. ___ majeste, insult to royalty
54. Sec
56. Type
57. A palindromic Bobbsey twin
58. Reason for overtime
59. Written understanding between, say, CDC and NIH (abbr.)

-Summer Programs cont'd from page 22

The programs listed in our directory are those whose information was available by the time we went to press. We were notified by Ulm University that they had not completed their arrangements by press time but you can find information on their website:

<http://bit.ly/38Agng0>

All information included in this directory was either provided by the programs directly or gleaned from their website. Interested parties should check with the institutions for any updates to the information that we have been able to provide. ■

-Crossword cont'd from page 10

Answers to January 2023 crossword puzzle

1	D	A	T	A		5	B	O	A	T		9	E	L	A	T	13	E					
14	E	T	A	L		15	E	L	L	E		16	T	O	R	U	S						
17	C	O	N	T	18	A	G	I	O	N		19	E	V	E	R	S						
20	A	L	G	E	R		21	O	U	T	22	B	R	E	A	K							
23	F	L	O	R	A	24	L			25	S	O	N										
					26	B	I	27	A	28	S		29	B	I	30	31	32	33	G	S	U	R
34	E	C	H	O		38	O	D	E	S		40	T	R	I	P	E						
41	T	H	E	B	42	A	N	D	P	L	43	A	Y	E	D	O	N						
44	A	A	R	O	N		45	S	I	A	M		46	W	E	N	T						
47	T	W	E	E	T	48	S		49	A	B	I	50	T									
					51	I	K	52	E			53	R	I	54	S	55	56	57	E	R	S	
	58	59	60					61	62			63	T	U	N	I	C						
64	B	A	L	T	O		65	A	N	D	66	R	O	M	E	D	A						
67	I	D	L	E	D		68	T	O	G	A		69	A	M	E	N						
70	N	A	S	T	Y		71	O	W	E	N		72	C	Y	S	T						

What We're Reading This Month

Editor's Note: All of us are confronted with more material than we can possibly hope to digest each month. However, that doesn't mean that we should miss some of the articles that appear in the public media on topics of interest to the epi community. Moving forward, the EpiMonitor will curate a list of some of the best articles we've encountered in the past month. See something you think others would like to read? Please **send** us a link at info@epimonitor.net and we'll add it to the list.

Avian Flu

- ◆ Bird-flu impact may go beyond eggs, birds
<http://bit.ly/3Z3aOQr>
- ◆ Why sick minks are reigniting bird flu fears
<https://bit.ly/3Zc1KsA>

Public Health Topics

- ◆ Mississippi sees 900% increase in congenital syphilis in newborns
<http://bit.ly/3xUaWpi>
- ◆ Epidemiologist reveals cause of Marburg virus outbreak
<http://bit.ly/3ZmsmGO>
- ◆ Vaping causing significant harm to non-smokers (video)
<http://bit.ly/3EJyMli>
- ◆ Wastewater testing isn't just for COVID – WA expands efforts
<http://bit.ly/3m9EQTX>
- ◆ Norovirus: the unwanted guest that brings misery
<http://bit.ly/3m0qrt2>
- ◆ Water cuts in South Africa are hurting hospitals and clinics – leading to an increased risk of infections
<https://bit.ly/3EI3AJv>
- ◆ FDA to require diversity plan for clinical trials
<https://bit.ly/3Y55smc>

- Reading cont'd on page 27

Public Health Topics *continued*

- ◆ Environmental epidemiologist says EPA ruling on Ohio air quality not reassuring
<http://bit.ly/3Z8YD4C>
- ◆ Epidemiologist warns of 100k cases of silicosis in the next 50 years (video)
<http://bit.ly/3IYcfl>
- ◆ Epidemiology named #1 science job for 2023
<http://bit.ly/3yfuQeN>

COVID-19

- ◆ Study suggests deer could be a reservoir of old coronavirus variants
<http://bit.ly/3KHhNtL>
- ◆ Survivors of COVID-19 are at high risk of PTSD
<http://bit.ly/3ks5siD>
- ◆ How deadly was China's COVID wave?
<http://bit.ly/3y1iSVC>
- ◆ Why Mississippi left millions in COVID aid unspent
<http://bit.ly/3IZkkr>
- ◆ TikTok's COVID-19 epidemiologist was apparently a fraud
<http://bit.ly/3xSqYQF>

Notes on People

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 this address for inclusion in our next issue. people@epimonitor.net



Appointed: Inside Tracker, the leading personal health analysis and data-driven wellness guide that helps people increase their healthspan and live healthier longer, announced today that **Dr. Kate Wolin** has joined the company as a member of its Scientific Advisory Board. A leader in the field of behavioral epidemiology with a successful executive track record, Dr. Wolin brings an acclaimed expertise in the integration of evidence-based behavior change and personalization strategies into digital health products and platforms.



Honored: Dr. Calvin Booker of Okotoks, Alberta is the recipient of the 2023 Veterinarian of the Year Award presented by the Western Canadian Association of Bovine Practitioners (WCABP) and Boehringer Ingelheim Canada. He is recognized for his significant impact on feedlot veterinary medicine, groundbreaking research as an epidemiologist and several innovations that have transformed the cattle industry.



Honored: Tamarra James-Todd, the Mark and Catherine Winkler Associate Professor of Environmental Reproductive Epidemiology at Harvard's T.H. Chan School of Public Health, received the 2022 Alice Hamilton Award at a ceremony on November 17 for her leadership in the area of environmental exposure and women's health. She documents the impacts of harmful chemical exposures and related environmental health disparities—and her work does not end there. She also brings the science into the community to shed light on preventable risks and show people how to improve their health.



Honored: In June, Syracuse University's Falk College Associate Dean of Research and Professor of Public Health **Katherine McDonald** will receive the 2023 Research Award from the American Association on Intellectual and Developmental Disabilities (AAIDD). For nearly two decades, McDonald has led community-engaged research with people with developmental disabilities and advocated for the responsible inclusion of adults with intellectual disability in research. When she started, there weren't many other researchers who were involved in that kind of work.

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 this address for inclusion in our next issue. people@epimonitor.net



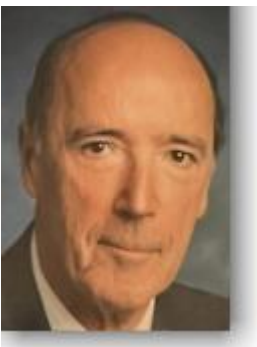
Passed: PanCAN and the pancreatic cancer community mourn the passing of **Gloria Petersen, PhD.** Dr. Petersen was Consultant and Professor of Epidemiology at Mayo Clinic, where she held the Purvis and Roberta Tabor Professorship. Dr. Petersen was a longstanding member of PanCAN's Scientific and Medical Advisory Board (SMAB) and also received a PanCAN Early Detection Targeted Research Grant in 2017. Dr. Petersen's primary research interest was in understanding hereditary pancreatic cancer and the genetic changes that cause the disease. <http://bit.ly/3ZkxIHS>



Passed: Bruce Arthur Goodrow passed away on February 13, 2023. He served as a faculty member at State University of New York, University of Tennessee, Western Kentucky University, Minnesota State University, and spent the last 18 years of his career as a professor in the College of Public Health at East Tennessee State University. Upon retirement he was honored as Professor Emeritus. Dr. Goodrow earned undergraduate and graduate degrees from West Texas A&M and the University of Texas, a doctorate from the University of Tennessee, and completed postdoctoral studies in epidemiology at the University of Minnesota. <http://bit.ly/3SFXfnC>



Passed: Epidemiologist and expert in infectious diseases and diagnostics **Luis Cuevas.** died of pancreatic cancer on Jan 2, 2023 in Wirral, UK. As an epidemiologist and expert in tropical medicine, he was driven by the question of how to make a practical difference in access to diagnostics and treatment for people in low-resource settings. Although Cuevas' research stretched across multiple diseases, speeding up the diagnosis and treatment of tuberculosis was a passion. <http://bit.ly/3ZpgqUF>



Passed: Kenneth Gerald Johnson, M.D., passed away on January 28th, 2023. Dr. Johnson's distinguished career bridged the worlds of academic medicine and public health. He was a clinical professor of cardiology at Yale; director of medicine and epidemiology at the Atomic Bomb Casualty Commission in Japan; associate professor of medicine at Cornell-New York Medical College, where he was director of epidemiological research; and a full professor of medicine at Dartmouth Medical School where he established the Department of Community Medicine, serving as its first chair. <http://bit.ly/3SGxCmv>

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 upcoming year. Thus an online copy exists on our website that is updated regularly. To view the full year please go to: <http://www.epimonitor.net/Events> The events that we are aware of for the next month follow below.

March 2023

March 6-10

<http://bit.ly/33XqJSJ>

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

March 6-10

<https://bit.ly/3v2gRXS>

Short Course : An Introduction to the Analysis of the Next-generation Sequencing Data / Erasmus MC / Rotterdam, The Netherlands

March 12-14

<http://bit.ly/34XZw3L>

Conference : 47th Annual Conference - Am Society of Preventive Oncology / ASPO / San Diego, CA

March 13-17

<https://bit.ly/320OvIT>

Short Course : Advanced Clinical Trials / Erasmus MC / Rotterdam, The Netherlands

March 14-17

<https://bit.ly/3UIOSgX>

Conference : 29th International Symposium on Epidemiology in Occupational Health – EPICOH 2023 / International Commission on Occupational Health / Mumbai, India

March 16-17

<http://bit.ly/353kNZY>

Conference: 96th Annual Meeting - American Epidemiological Society / AES / Nashville, TN

March 20-21

<https://bit.ly/3hGMMdj>

Conference : 4th World Congress on Public Health, Epidemiology & Nutrition / Allied Academies / Paris, France

March 20-23

<https://bit.ly/3WmKuPD>

Conference: Preventive Medicine 2023 / American College of Preventive Medicine / New Orleans, LA

March 20-24

<https://bit.ly/3G4aTMv>

Short Course: Implementation Science / Erasmus MC / Rotterdam, The Netherlands

March 20-24

<https://bit.ly/32uyVPE>

Short Course: Causal Inference for Assessing Effectiveness in Real World Data and Clinical Trials / UMIT / Tirol, Austria

March 20-24

<https://bit.ly/3BJEbNX>

Short Course: Epidemiology In Complex Emergencies for Effective Surveillance & Response / Merieux Foundation / Veyrier-du-Lac, France

March 22-24

<https://svepm2023.org>

Conference: Annual Meeting - Society for Veterinary Epidemiology / SEVPM / Toulouse, France

March 27-28

<https://bit.ly/3G1D3HT>

Short Course: 11th Annual Workshop to Increase Diversity in Mathematical Modeling & Public Health / Harvard SPH & MIDAS Coordination Center / Boston, MA

March 2023 continued

March 27-31

<https://bit.ly/2zSUNwy>

Short Course : Psychopharmacology / Erasmus MC / Rotterdam, The Netherlands

March 27-31

<https://bit.ly/3G3VhZr>

Short Course : Advanced Decision Modeling / Erasmus MC / Rotterdam, The Netherlands

March 28-30

<https://bit.ly/3HQndkZ>

Short Course : Positive Culture Framework Training / Montana State University / Charlotte, NC

April 2023

April 3-5

<https://bit.ly/3G1mAn4>

Short Course: Mendelian Randomisation / Erasmus MC / Rotterdam, The Netherlands

April 3-6

<https://bit.ly/3HFdFJd>

Conference: 2023 World Vaccine Congress / Multiple / Washington, DC

April 12-14

<https://bit.ly/3BHaUI>

Conference: SHEA (Society for Healthcare Epidemiology of America) Spring 2022 / SHEA / Seattle, WA

April 12-15

<https://bit.ly/3FyWK8A>

Conference: 2022 Annual Conference - Population Association of America / PAA / New Orleans, LA

April 14-16

<https://bit.ly/3jcYIUJ>

Conference: CUGH 14th Annual Global Health Conference / Consortium of Universities for Global Health / Washington, DC

April 14-19

<https://bit.ly/3YwS7o2>

Conference: 2023 Annual Meeting American Assn for Cancer Research / AACR / Orlando, FL

April 19-21

<https://bit.ly/3PBPOfq>

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

April 24-26

<https://bit.ly/2C4g1PE>

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

April 24-27

<https://bit.ly/3oLZ2Kz>

Conference: NACCHO Preparedness Summit 2023 / Multiple / Atlanta, GA

April 24-27

<http://bit.ly/38nmB26>

Conference: 71st Annual Epidemic Intelligence Service Conference / CDC / Atlanta, GA

April 30 – May 2

<https://bit.ly/3rX33gV>

Conference: Health Effects International 2023 Conference / HEI / Boston, MA



Epidemiology's Summer Institute
at
Columbia University

Columbia University's Department of Epidemiology launched a successful summer institute, episummer@columbia, in 2011 that provides opportunities to gain foundational knowledge and applied skills for advancing population health research. Intensive short courses are offered in either synchronous or asynchronous formats. Each year approximately 30 courses are offered to over 500 attendees. Registrants can choose from an overview of epidemiology to specialized courses on epidemiological methods, statistical programming languages, infectious disease modeling, and topics from nutrition to police violence.

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REGISTRATION OPEN THROUGH
MAY 1, 2023

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K12 Career Development Opportunity

The **UCSF-Kaiser Permanente Urological Epidemiology Research Career Development Program (UCSF-KPNC UroEpi)** is seeking a highly qualified, motivated MD, PhD, or comparable doctoral degree in early faculty or final year post-doctoral positions. The UroEpi Program seeks to :

- ▶ Recruit individuals committed to becoming an independent clinical researcher in the epidemiology of benign urological conditions at Kaiser.
- ▶ Develop Scholars' proficiency in epidemiology, research field methods, research ethics, leadership, manuscript preparation, and grantsmanship
- ▶ Individualize each scholar's career development plan according to his or her background and future career goals.

The awardee will devote at least 50-75% effort to conducting research on non-cancerous urologic conditions and research career development. Other research and clinical activities will be identified to support a 100% position.

For more information, please contact:

Stephen K. Van Den Eeden, PhD at Stephen.Vandeneeden@kp.org

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For more information please contact:

Michele Gibson / michele@epimonitor.net

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& TROPICAL MEDICINE

Research Assistant Professor Epidemiology

Tulane University School of Public Health and Tropical Medicine is seeking applications for a non-tenure track, full-time position at the rank of Research Assistant Professor in the Department of Epidemiology. Candidates with a doctoral degree in epidemiology, community health, clinical research or implementation research or a MD with a master's degree in epidemiology or clinical research will be considered. The faculty member will actively participate in research grant applications, management of on-going and new research studies, and preparation of manuscripts and presentations. The candidate should have excellent communication and interpersonal skills to work with community partners.

Review of applications will begin as soon as possible and applications will be accepted and reviewed until the position is filled. Applicants should send a cover letter with name of at least three references and complete resume to:

Jiang He, MD, PhD
Tulane University School of Public Health and Tropical Medicine
1440 Canal Street, Suite 2000
Mail Box 8318
New Orleans, LA 70112

E-mail Address: jhe@tulane.edu

All applicants should also apply electronically via the following link: <https://apply.interfolio.com/73392>



TULANE UNIVERSITY
SCHOOL of PUBLIC HEALTH
& TROPICAL MEDICINE

Asst / Assoc / Full Professor Infectious Disease Epidemiology

The Department of Epidemiology at the Tulane University School of Public Health and Tropical Medicine is seeking applications for tenure-track faculty positions in the field of Infectious Disease Epidemiology. The Department has a long-standing collaboration with local clinics and the School of Medicine as well as the State Office of Public Health and can provide research opportunities both domestically and internationally. The qualifications for Assistant Professor include a doctoral degree in epidemiology or MD with epidemiology training, post-doctoral experience in studies related to the epidemiology of infectious diseases, demonstrated potential to establish independent research programs, evidence of excellence in teaching, and interest in collaborative research. Qualifications for Associate/Full Professor candidates include significant contributions to published research, continued external research funding, and professional distinction in teaching, mentoring, and service.

Review of applications will begin as soon as possible, and applications will be accepted and reviewed until the positions are filled. Applicants should send a cover letter, complete resume, and at least three letters of recommendation to:

Jiang He, MD, PhD
Tulane University School of Public Health and Tropical Medicine
1440 Canal Street, Suite 2000
Mail Box 8318
New Orleans, LA 70112

E-mail Address: jhe@tulane.edu

All applicants should also apply electronically via the following link: <https://apply.interfolio.com/87766>

TULANE UNIVERSITY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER. WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY



JOHNS HOPKINS
UNIVERSITY

Faculty Position in Infectious Disease Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a tenure-track Assistant Professor specializing in HIV/AIDS as the B. Frank and Kathleen Polk Professor of Epidemiology. This Professorship is an endowment to support an Assistant Professor in infectious disease epidemiology for a three-year term.

Applicants should have a doctorate in epidemiology or a closely related terminal degree.

The candidate appointed to this position will have primary training in epidemiological methods with a content area focus that includes HIV/AIDS and associated infections. Specific areas of interest include the intersection of injection drug use and HIV, and associations between HIV and non-communicable diseases (NCDs). We seek an early-stage investigator who could develop a collaborative and dynamic research portfolio by integrating and developing new research within existing HIV/AIDS cohort studies in the Johns Hopkins BSPH Department of Epidemiology. Key attributes include a strong track record of publication, willingness to work as part of an interdisciplinary research team across departmental tracks, experience in teaching core epidemiological methods.

The candidate must be committed to advising graduate students and mentoring post-doctoral fellows. Relevant publications, early career grant funding, and classroom teaching and mentoring experience is desirable. Experience in multidisciplinary collaboration is a plus.

The Department of Epidemiology is one of the oldest and largest departments of epidemiology in the world, with over 300 doctoral and master's students and 30+ post-doctoral fellows and a diverse research program directed by 130+ faculty.

Interested applicants should send their curriculum vitae, statement of research interests and the names of three references by May 1, 2023 to:

David D. Celentano, ScD, MHS / Dr. Charles Armstrong Chair and Professor / Department of Epidemiology
Johns Hopkins Bloomberg School of Public Health 615 North Wolfe Street, Suite W6041 Baltimore, MD 21205 USA
facapps@jhsph.edu For further information contact Dr. Sunil Solomon, Search Committee Chair, at sss@jhmi.edu



PostDoctoral Fellow - Digital Health & Health Disparities

We are seeking one full-time postdoctoral fellow to join the Digital Health & Health Disparities Research Lab. The lab is housed in the Population and Community Health Sciences Branch of the Intramural Research Program at the National Institute on Minority Health and Health Disparities, National Institutes of Health. The mission of the lab is to leverage digital technologies for health promotion and disease prevention among minorities and health disparity populations. The main focus is on the design and evaluation of just-in-time adaptive interventions via the collection of real-time ecological momentary assessments and physiological smartphone sensor and wearables data.

Candidates must have completed a PhD in social or behavioral science, biostatistics, epidemiology, or a closely related field and have no more than five years of relevant research experience since receipt of their most recent doctoral degree. Candidates must have expertise or an interest in developing expertise in health disparities and digital health.

Expertise in quantitative research methods and advanced statistical analysis is a must. Expertise in natural language processing, machine learning, and Geographic Information Systems (GIS) is highly desirable.

The fellow will assist with study design and implementation, data analysis, and publication of study findings. In addition, the fellow will work on secondary data projects. The postdoctoral fellow will develop his/her own research questions related to digital health and health disparities.

Fellows receive multidisciplinary training and mentorship at NIH. They also receive support in developing a K-series or similar grant proposal during their fellowship. They can also apply for internal funding mechanisms. They are encouraged to participate in grant writing courses and trainings. Postdoctoral fellows can participate in journal clubs, in-person speaker series, and webinar series. Travel funds will be available to travel to 2 conferences a year to present their research and network.

Employer name: National Institute on Minority Health and Health Disparities

Position location: Bethesda, Maryland.

Salary: Commensurate with experience.

Duration: This is a fulltime 2 to 3-year appointment with year-to-year renewal up to five years based on satisfactory performance and availability of funds. Eligible U.S. citizens and permanent residents who have recently received a doctoral degree can come to the NIH as Postdoctoral IRTAs (Intramural Research Training Awardees) to complete up to five years of postdoctoral research. Eligible international scholars who are recent doctoral degree recipients can conduct up to five years of postdoctoral research at the NIH as Visiting Fellows; they generally come to the NIH on J1 visas. Both groups are considered NIH trainees, rather than employees. See <https://www.training.nih.gov/programs>

Instructions: Applicants should submit: (1) a curriculum vitae, (2) a two-page synopsis of their research interest, including a brief description of their career plans related to digital health and health disparities, (3) three representative publications or working papers, and (4) three letters of recommendation.

Email applications to Sherine Eltouky sherine.el-touky@nih.gov with subject line: Last name, First name, Postdoc application.

Position available for immediate hire. Applications will be accepted and screened on a rolling basis until the position is filled.

Women and minorities are strongly encouraged to apply.

The NIH is dedicated to building a diverse community in its training and employment programs.

The Epidemiology Monitor
ISSN (2833-1710) is
published monthly

Editorial Contributors

Katelyn Jetelina, PhD, MPH
Editor and Publisher

Operations

Christopher Jetelina
Operations Manager

Advertising Sales

Michele Gibson
sales@epimonitor.net

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