

Hopkins Bloomberg School Of Public Health Launches Translational Epidemiology Initiative

Key Is Asking The Right Questions To Begin With, Says Director

Concerned about the prevailing trend in epidemiology to focus more on methods and less on health problems, faculty at the Johns Hopkins Bloomberg School of Public Health have launched a Translational Epidemiology Initiative (TEI). "While it's important to use the right methods, it's more important to ask the right questions in the first place,"

according to David Dowdy, Hopkins epidemiologist and newly appointed Director of the TEI at the school.

Why Hopkins?

Hopkins has a long history of employing faculty who have interest

- Real World continues on page 2

Interview With Sandro Galea, Author Of New Book On Population Health

An "Epidemiology Of Consequence" Is Highlighted

Essays on public health topics by Boston University's Sandro Galea have been collected into a single volume and published as a new book entitled "Healthier: Fifty Thoughts On The Foundations Of Population Health." Galea was scheduled to give book talks in Washington DC and New York City in January. We reached Galea to ask questions about how the book came about and its relevance for epidemiologists.

idea to compile and write this book? Is it similar to others you know about?

Galea: This book is an adaptation of a series of essays that I started writing when I became Dean of Public Health at Boston University. I initially set out to explore my own thinking, and to provoke our communities' reactions around a broad range of issues that are important to public health. They evolved into an important running

Epi Monitor: Where did you get the

- Galea cont'd on page 5

In This Issue

-3-

New Limerick Contest

-7-

Notes on People

-9-

List of Public Health Issues

-14-

Near Term Epidemiology Event Calendar

-17-

Marketplace

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-Translational cont'd from page 1

and experience in translating epidemiology into practice and policy actions, and this new initiative is an outgrowth of that long history. By creating this initiative, Hopkins organizers hope to provide more opportunities for faculty members immersed in their own subspecialties and with an interest in translation to work together to promote even greater focus on translation.

Training Students

The School hopes to attract students interested in translation and solving health problems and to create a curriculum which excites them as much or more than new methods do at present. Epidemiology is not about giving someone a measure of association and leaving it to others to do something about it, says Dowdy. His goal is to help train epidemiologists who ask questions that can make a difference and are interested in applying these findings to real world problems.

Vacuum

According to Dowdy, a translational epidemiologist takes a broader view of issues and does not work in a vacuum. He or she has relationships with clinicians, policymakers, the media, and government officials who can talk together and over time find ways to use results in a productive way.

Dowdy told the Monitor he is not afraid that translational epidemiologists will be less objective as scientists. There is no such thing as being completely objective, he said, and translational epidemiologists

need to balance the competing pressures to be good scientists and to be effective in solving health problems. What's needed is a broader appreciation of what it takes to function well in addressing health questions, according to Dowdy.

Immediate Goals

Currently the TEI at Hopkins includes approximately 10 faculty who meet almost every month. Some students and post-docs have been engaged, and the group's priorities are to produce a manuscript laying out the case for their work, organizing a symposium on the translation topic similar to an earlier one held at Hopkins in July 1998 (<https://tinyurl.com/ya4f349q>), planning activities for the upcoming SER meeting, and examining the existing curriculum to look for opportunities to get students excited.

Challenges

The challenges in accelerating this initiative according to Dowdy include the fact that everyone is already very busy or committed and they have difficulty taking on more work. Another challenge is to make a strong and cohesive case for translation as a focus area. It has a broad scope and includes many diverse activities under one umbrella. There is need to develop a stronger intellectual underpinning to what Sandro Galea at Boston University has called "an epidemiology of consequence."

Some think of epidemiology as a narrow field and they have narrow skills which they seek to hone

- Translational continues on page 4

New Limerick Contest

\$300 First Prize For The Best Limerick Definitions Of Commonly Encountered Words In Epidemiology

Our editors are always on the lookout for new contest ideas and one came to us from a recent article in the Associated Press. It was entitled "Definition Mission: A Rhyming Limerick For Each English Word". The article described the efforts of a US resident from Illinois who has undertaken the task of writing a limerick definition for each word in the dictionary. It started as a joke but has now become a serious effort involving multiple collaborators.

A limerick, according to Dictionary.com is a kind of humorous verse of five lines, in which the first, second, and fifth lines rhyme with each other, and the third and fourth lines, which are shorter, form a rhymed couplet.

The idea described in the article is to write a limerick that weaves a joke into an accurate explanation of a word's meaning. For example, one definition of the word "adult" in this dictionary is:

As a kid, I was wild and a clown
As a teen, I would dash about town.
Now adult, I shall go
Very cautious and slow.
Goes to prove: what grows up must
calm down.

We are launching a similar mission to define frequently used words in epidemiology using a limerick. Examples of the definitions we are interested in are those for words such as risk, association, variable, cause, prevalence, incidence, statistically

significant, rate, numerator, intervention, cohort, case-control, disease, health, denominator and many other commonly used words.

Readers are encouraged to create a humorous limerick definition for any word of their choice which is commonly used in epidemiology. Contestants will have ample time to submit as many definitions as they would like, either for the same word defined differently or for different words in each submission. Any explanatory footnotes pertinent to the definition are welcome.

The definition judged to be the most clever, humorous, and still "accurate" will receive a \$300 prize and will be appropriately named and honored on the pages of a future monthly issue.

The deadline for submitting entries to us at epimon@aol.com is March 30, 2018. All entries must be original entries not obtained from other published sources. Contributions from friends and colleagues are permitted and should be acknowledged in the submission.

To stimulate your creative thinking, we reprint below a few of the definitions already included in the Limerick Dictionary. Good luck to everyone! We are sure you can do better than these!

"It started as a joke but has now become a serious effort..."

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

- Limerick continues on page 4

Disease

When you're healthy, your life is a breeze.

But it's hard when you constantly sneeze,

Harbor parasite worms

And some flesh-eating germs ...

'Tisn't easy to live with disease.

Cause

One event's an essential foundation

For another one's realization:

Those events would connect

As a cause and effect –

Their relationship's one of causation.

Cohort

The grades would be posted – he waited.

His status on campus? Ill-fated.

His cohorts in college

Disdained gaining knowledge

From anything textbook-related.

■

“...the TEI would like to see more focus on acquiring and using a broader skill set...”

“...epidemiology needs to be seen as a relevant discipline...”

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sharply. Since many of the easiest epidemiological questions have already been answered, many epidemiologists are now employing an increasingly specialized set of skills to find increasingly small effect sizes. The members of the TEI would like to see more focus on acquiring and using a broader skill set to interface with a broad group of problem-solving partners on big questions that are harder to answer.

Favorable Factors

One factor in favor of the initiative is the sense among some epidemiologists that epidemiology needs to be seen as a relevant discipline, as a field which asks and answers questions of consequence. This view may be in jeopardy now. Other developments which might buttress the TEI are the growth of the field of implementation science, and the fact that new research methods are being created to more effectively address some of the questions of consequence Dowdy refers to.

Among the Hopkins faculty currently participating in the Translational Epidemiology Initiative are: [Stefan Baral](#), [Amber D'Souza](#), [Stephan Ehrhardt](#), [John Jackson](#), [Catherine Lesko](#), [Colleen Hanrahan](#), [Moyses Szklo](#), and [Mara McAdams DeMarco](#) as well as [David Dowdy](#).

■

conversation that I was having with our school and increasingly with other colleagues around the world. Several people urged me to consider compiling them into a book and I chose 50, or about half the notes I had written in my first two years at the school, and adapted them for a book. What emerged was a meditation of sorts on the key issues in public health, some of them timeless (e.g., social justice) and some very much of the moment (e.g., transgender rights).

Common Thread

Epi Monitor: Is there a common thread or theme that runs through the fifty thoughts? If so, what is it?

Galea: If there were a common thread it would be that public health is about the social, economic, cultural, and political forces that influence the health of populations. That the aspirations of public health are inseparable from aspirations to build a more progressive society, and that public health must look well beyond its traditional functional roles to contribute to a healthier world.

Conclusion?

Epi Monitor: Is there a conclusion in the book about how best to promote justice and how best to act on the determinants of well-being?

Galea: The intended audience for the book was really my academic colleagues, although it has had a bit broader readership than that. As such any conclusion about what we can do is very much with the focus on “we” as academics. With that in mind, the book suggests, to my mind, that academics

have a responsibility to tackle topics of consequence, and to speak fearlessly about what it will take to create a healthier world. This is particularly true of public health academics because of the ineluctable link between the aspirations of public health and aspirations for a better world. Because if academics do not speak out for this, who will?

Epi Of Consequence

Epi Monitor: What other aspects of the book would you like epidemiologists to know about?

Galea: Epidemiology is the foundational science of population health and without epidemiology to guide the way on what causes the health of populations public health cannot act. An epidemiology of consequence can provide the evidence-base that can inform public health action. Epidemiology should be at the heart of any public health thinking and action.

Epi Translation

EpiMonitor: You suggest that epidemiologists as public health scientists should be engaged in speaking out or translating the evidence they produce into public health policies and actions. What interests and skills should a translational epidemiologist have, and what activities should he or she engage in?

Galea: I have deep respect for the capacity of scientists to both carry out work that generates useful knowledge and for figuring out how to translate that knowledge so that those who can take action that changes the world can

"...public health must look well beyond its traditional functional roles to contribute to a healthier world."

"Because if academics do not speak out for this, who will?"

do so. So I have long felt that the issue is less about skills and more about orientation, about being focused on producing work that has relevance to the world and partnering with those who are interested in acting on our discovery science. I have intentionally stopped short of saying what I think is consequential because I trust that good epidemiologists of good conscience can hold up a mirror to ourselves and ask that question about anything that we do. Now if you were talking about skills, one can imagine skills in public writing and communicating, but I would stop short of saying all epidemiologists need those skills. Some will be so inclined to be involved in translation and some will not be and that is fine. As long as we are asking questions of consequence there shall be plenty of opportunity for those so inclined to translate the work.

Epi Allegiances

Epi Monitor: Our exchange reminds me of something we published many years ago. It was also a question intended to help epidemiologists

develop a code of ethics. It was asked at a meeting of the Society for Epidemiologic Research. A professor of ethics asked epidemiologists---What are your allegiances? Do these allegiances have priorities? To the truth? To the social welfare? To employers? What is epidemiology all about?

Galea: That is an interesting and important question. I think epidemiology is unquestionably about unearthing the truth. That is what all science is about. But if science is about collecting knowledge, it takes wisdom to know which knowledge to look for and how to organize it. So, while we may like to be dispassionate seekers of knowledge, our higher quest is for wisdom and that quest ineluctably tangles with the values that inform our work. To that end we should be conscious of what those values are so we can interrogate them. I would argue that our prejudice should lie with the quest for wisdom that can improve the health of populations, and that we should ask questions of consequence towards that end.

Epi Monitor: Thank you very much. ■

"...our higher quest is for wisdom and that quest ineluctably tangles with the values that inform our work."

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Notes on People



Appointed: Joshua Clayton, as the new state epidemiologist for South Dakota. He is currently deputy state epidemiologist in Indiana. He is a former Epidemic Intelligence Service Officer who served at the Centers for Disease Control and Prevention assigned to Tennessee. Clayton is a South Dakota native.



Died: Jeff Davis, former Wisconsin state epidemiologist for over 40 years, on January 16, 2018. As described in his obituary, he was a former Epidemic Intelligence Service Officer at the Centers for Disease Control and Prevention and made numerous important contributions to disease investigations over the years. He was passionate about public health especially the health of the people of Wisconsin, according to his obituary, and had many personal attributes which endeared him to all. It continues, "He will be tremendously missed for his gentle kindness, sense of humor, and his enthusiastic sharing of his vast knowledge of all things music and sports."



Appointed: Godwin Ntadom, as the Chief Consultant of the Federation in Nigeria. He was formerly the Head of Case Management and Drug Policy in the National Malaria Elimination Program.



Died: James Melius, former epidemiologist at the National Institute of Occupational Safety and Health and other labor related organizations. He made important contributions to the health and safety of workers, and helped in the creation of the federal law that provided for medical care for first responders and others after the attack on the World Trade Center, according to the NY Times. Philip Landrigan, an epidemiologist colleague in New York City, told the Times, "I think it's fair to say that Jim Melius was the senior medical officer in the entire American labor movement."



Died: Abby Lippman, age 78, former McGill university epidemiologist and professor emeritus. According to the Montreal Gazette, she was equally renowned for championing social causes as she was for insightful critiques of reproductive technologies and other medical topics.

Notes on People



Hired: Susan Puumala, as senior researcher at HDR, a national architecture firm. She will develop studies that investigate how design affects outcomes such as health, wellness, satisfaction, and productivity. She earned a PhD at the University of Minnesota and has a track record working as a statistician/methodologist and epidemiologist for the past 17 years.



Appointed: Germaine Buck Louis as Dean of the College of Health and Human Services at George Mason University. Dr. Buck Louis was formerly the Director & Senior Investigator of the Division of Intramural Population Health Research at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development where she helped build the first named intramural Division devoted to population health at the National Institutes of Health. As Dean, Dr. Buck Louis will help establish a school of public health and develop its population health research within the College, which is home to approximately 1800+ undergraduate and 800+ graduate students.



Appointed: XinQi Dong, as Director of the Institute for Health, Health Care Policy, and Aging Research at Rutgers University. In making the appointment, Rutgers chancellor Brian Strom noted Dong's passionate commitment to interdisciplinary work in medicine and public health. According to the press release about the appointment, Dong is a renowned population epidemiologist and health services researcher who has been a strong advocate for advancing population health issues in under-represented communities worldwide.

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

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people@epimonitor.net

List of Public Health Issues Continues To Grow

No Consensus On Criteria For Framing An Issue As A Public Health Issue

In May 2014 we published an article about topics which were being presented as public health issues. It was surprising to see issues such as “All Season Tires” and “Hoarding” appear on the list. We offered a quiz for readers to determine which ones met their personal case definition for a public health issue.

Because of the popularity of this initial article, we are reprinting it here with additions to the list which have come to our attention more recently.

What makes calling an issue a public health issue so powerful? It appears that seeing social phenomena through the lens of public health offers benefits that many advocates seek. One of our lead articles coming next month calling for the development of an “epidemiology of toxic speech” can be interpreted as yet another attempt to bestow the benefits of the public health approach on an unresolved social problem. What criteria must be fulfilled by a social phenomenon to be legitimately classified as a public health issue? We present in the table below some of the reasons enunciated by proponents for considering their issue a public health issue. We welcome reader comments what criteria should be fulfilled to adopt public problems as public health issues. Send your comments to epimon@aol.com

- CANDIDATE PUBLIC HEALTH ISSUES -

Issue	Reasons Cited
Gaming Addiction	<ul style="list-style-type: none">• Use of internet, computers, smartphones, and other electronic devices has dramatically increased over recent decades. While the increase is associated with clear benefits to users, health problems have been documented. In a number of countries, the problem has become a significant public health concern.
Legalization of marijuana	<ul style="list-style-type: none">• It's a risk, even though less than tobacco or alcohol.• Lawful age to purchase is too low at 18.• Drug impaired driving is a concern
Knife crime	<ul style="list-style-type: none">• Persistent levels of knife-related violence require a preventative program
Deportations of children	<ul style="list-style-type: none">• Increased occurrence of child patients with sleep and eating disorders, anxiety, depression, and stress which could lead to adult diseases as well.• Actions are cruel and inhumane.• Immigrant emotional and mental health is being affected
Bio-terror	<ul style="list-style-type: none">• We are unleashing too many deadly zoonotic disease which are crossing the species barrier.• We need to recognize the close connection between human, animal, and environmental health.• We need to fight unplanned epidemics and the anthropogenic threat of bio-warfare
Residential fires	<ul style="list-style-type: none">• Someone dies every 153 minutes and someone is injured every 30 minutes in a residential fire.
Chemsex	<ul style="list-style-type: none">• An increasingly prevalent presenting problem in sexual health clinics.• Skills and resources of public health not being applied to this problem

Elder Abuse	<ul style="list-style-type: none"> • Problem expected to grow as population ages • The health consequences are serious
Poverty	<ul style="list-style-type: none"> • As prevalent now as in the 1960's. Personal responsibility is ineffective. • Crucial role of both government and individuals to overcome it
Media	<ul style="list-style-type: none"> • Among the most profound influences on children
Child Mental Health	<ul style="list-style-type: none"> • Need to improve the mental health of all children, not just those with diagnoses
Bed bugs	<ul style="list-style-type: none"> • A public health pest • Cause a variety of negative physical health, mental health, and economic consequences
Violence against women	<ul style="list-style-type: none"> • Annual injuries and deaths are high enough to demand the type of active interventions and public policies that have been targeted at infectious diseases by public health agencies
Sex segregation in sports	<ul style="list-style-type: none"> • Decreases women's participation in sports and has implications for myriad health issues
Football	<ul style="list-style-type: none"> • Because of the numbers of people who may have long term impairments due to playing.
War on drugs	<ul style="list-style-type: none"> • Drug use itself should be considered a disease not a crime
Hate crimes	<ul style="list-style-type: none"> • Because they exact a toll on the health of those directly victimized and on the health of the entire community
Police violence	<ul style="list-style-type: none"> • Because it impacts both physical and mental health. It can lead to injury and death. • It undermines both the sense of community and of personal well-being. • It is preventable.
Trauma	<ul style="list-style-type: none"> • Risk factors operate at all levels, individual, relationship, community, and society. • Public health policies are essential. • Public health framework is critical for understanding risk and protective factors operating at multiple levels.
Human trafficking	<ul style="list-style-type: none"> • A public health lens informs who intervenes and engages in the fight against human trafficking. • A public health lens informs how we intervene. • A public health lens informs what must be at stake to truly change the dynamics that enable human trafficking
Poor parenting	<ul style="list-style-type: none"> • Adverse consequences persist down the generations and are a problem for society as well as individuals. May be a product of poverty and social exclusion rather than the fault of individual parents.
Suicide	<ul style="list-style-type: none"> • Need a population approach to improve health on a large scale. • Need a focus on prevention. • Need to address a wide range of risk and protective factors. • Need to better understand the science of suicide. • Public health values multi-disciplinary collaboration.
Racism	<ul style="list-style-type: none"> • Psychological toll on black Americans causes stress related health issues causing them to die younger than white Americans.

Racism	<ul style="list-style-type: none"> • Black Americans receive poorer health care • Research on Black Americans is under-funded. • People of color are underrepresented in clinical trials. • Poor Black Americans are being hit hardest by political resistance to implement the Affordable Care Act
Computer security	<ul style="list-style-type: none"> • Individual action to protect yourself only gets you so far. You need a group response.
Bullying	<ul style="list-style-type: none"> • It is widespread in the US • It is a multifaceted form of maltreatment • It is linked to a wide range of health issues and can result in injury, distress, or death. • There are risk factors for bullying or being a victim of bullying • It may be preventable.
Alcohol Use	<ul style="list-style-type: none"> • It is a causal factor in more than 200 diseases and injuries. • It causes deaths. • It is harmful for others besides the drinker
Adolescence	<ul style="list-style-type: none"> • We pay little attention to the health of 10-19 year olds. • Almost all adolescent deaths are preventable • Mental health challenges are the overwhelming problem for adolescents • Teenagers need adequate consideration and a voice in public policy
Injury	<ul style="list-style-type: none"> • They are preventable • We want to approach problems in the community as a whole and not focus on individuals • Want to focus on prevention not treatment • Want to use many solutions
Size of Soda Servings	<ul style="list-style-type: none"> • Sodas are bad for health. If you are ill, your illness has consequences for others. • Public health measures make life healthier and safer for everyone. • Makes the default choice the healthier choice. • The intervention is broadly inclusive and democratic.
Infertility	<ul style="list-style-type: none"> • Unwanted childlessness causes significant sometimes life threatening consequences. • Prevalence is significant. • Often linked to preventable infections. • Recognition and treatment are neglected now. • Discipline of public health could contribute significantly to policy and programs
Violence	<ul style="list-style-type: none"> • It is transmitted like a disease.
Gun Violence	<ul style="list-style-type: none"> • The US has one of the highest rates of homicides in the developed world. • The US has an average of 88 gun deaths per day. • Every time a gun is used in self-defense, there are 4 accidental shootings, 7 criminal assaults or homicides, and 11 attempted or completed suicides.

Gun Violence	<ul style="list-style-type: none"> • The National Rifle Association specifically targets the public health approach. • Promoting reasonable gun policies does not make public health professionals anti-gun
Marijuana Use Legalization	<ul style="list-style-type: none"> • It produces second hand smoke • It leads to schizophrenia, especially in teen boys • Driving while high should be discouraged.
Achieving a “Good” Death	<ul style="list-style-type: none"> • Public health addresses the distribution of limited resources. • We can achieve better care with lower costs by avoiding unwanted aggressive care.
Trauma	<ul style="list-style-type: none"> • It is the number one health public health issue of our time. • Unrelenting stress is linked to obesity, diabetes, depression, and suicide. • Teaching resilience can transform trauma.
HIV/ AIDS in Fishing Communities	<ul style="list-style-type: none"> • AIDS related illness and mortality are devastatingly high in some fishing communities.
Hoarding	<ul style="list-style-type: none"> • A growing problem. • Epi studies suggest prevalence is 2-5 percent of the population. • It spreads pests and possible health dangers to the community. • Social service or other agencies have to use resources to clean houses people cannot afford to clean.
All Season Tires	<ul style="list-style-type: none"> • Cold hardens the rubber in all season tires • They are unsafe in cold weather and dangerous in snow. • People are dying because of these tires. • Manufacturers are allowed to market tires as all season knowing they are unsuitable in cold weather
Childhood Obesity	<ul style="list-style-type: none"> • It has a significant long term health impact • We do not have universally accepted definitions
Adult Obesity	<ul style="list-style-type: none"> • We need to prevent it before it happens. • We need to create lasting change by making the healthy choices the easiest choices.
Child Labor	<ul style="list-style-type: none"> • It is a global practice • It has many negative outcomes
Active (non-motorized) transportation	<ul style="list-style-type: none"> • Everyone travels. • Transportation systems impact health. • Health should be considered in transportation and land use planning and decision making • It can produce health benefits and curb health care spending
Online Pornography	<ul style="list-style-type: none"> • It is harmful in many ways – preventing healthy sexuality, disempowering women, leading to sexual violence and non-consensual sex. • It is so widespread as to be considered a crisis • If CDC got interested, we could have success in the way we had success with cigarette smoking

Climate Change	<ul style="list-style-type: none"> • Rebranding this issue as a health issue rather than an environmental or national security issue might have more resonance for the average citizen. • It fosters a more emotionally compelling response since it focuses on the immediate implications a warmer climate could have on people’s lives. It provides a sense of hope that problems can be addressed and avoided. • Invoking health helps to bypass the political quagmire. • Doctors can have a potential impact scientists may not have because they can transcend political differences and we really care about what they say. • It can change the type of dialogue people have about climate change.
Gang Violence	<ul style="list-style-type: none"> • It has a distressing impact on individuals, families, and communities. • The wider social-economic costs can be equally damaging. • It provides communities with the opportunity to rethink how services for young people are delivered and how public health funding can be used in a more flexible way.

As noted in our 2014 issue, a question posted on Researchgate resulted in the following criteria being offered for what makes an issue a public health issue. Read these criteria and see if you would add or subtract from this list of criteria. Send your comment to epimon@aol.com

1. The concept of preventability – there are conceivable ways to prevent the phenomenon.
2. High prevalence of a risk factor or disease.
3. A rapid increase in incidence and prevalence.
4. Cost of the disease
5. Burden of disease
6. Has the capability of affecting the population as a whole
7. Will require group action to solve.
8. Ability to recognize the problem unhindered by obstacles posed by culture, politics, lack of resources, or lack of effective measures. This set of criteria effectively requires that a phenomenon must be seen as culturally appropriate, politically acceptable, technically feasible, and financially possible in order to be or become a true “public health issue”.

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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>

February 2018

February 1-3 <https://tinyurl.com/y8y9wmal>

Conference: 28th Annual Scientific Meeting / Japan Epidemiological Association / Fukushima, Japan

February 5-6 <https://tinyurl.com/yacokhos>

Conference: 2018 National Health Policy Conference / Academy Health / Washington, DC

February 5-9 <https://tinyurl.com/yb3pobsy>

Short Course: Introduction to Epidemiology / University of Bristol / Bristol, England

February 7-28 <https://tinyurl.com/a65wur5>

Summer Program / University of Otago / Wellington, New Zealand

February 9-13 <https://tinyurl.com/yalpvakz>

Short Course: Epidemiology & Public Health / Global Public Health Research Foundation / Dhaka, Bangladesh

February 14-16 <https://tinyurl.com/y7ng82mp>

Short Course : Extended Epidemiology in the Practice of Global Health / Barcelona Institute for Global Health / Barcelona, Spain

February 15-16 <https://tinyurl.com/ybjksmt6>

Conference: 20th Conference on Neurology & Epidemiology / WASET - World Academy of Science, Engineering and Technology / London, England

February 18 <http://www.adenet.us/>

Conference: 2018 Annual Conference / DermatoEpidemiology Expert Research Group / San Diego, CA

February 19-March 9 <https://tinyurl.com/y88yrrck>

Short Course: Infectious Disease Epidemiology and Global Health Policy / University College London / London, England

February 19-March 2 <https://tinyurl.com/y98lpo2e>

Short Course: Mathematical Models for Infectious Disease Dynamics / Cambridge University / Cambridge, England

February 20-23 <https://tinyurl.com/y7cvgd3l>

Short Course: Principles of Epidemiological Data-Analysis / Erasmus MC / Rotterdam, The Netherlands

February 20-23 <http://tinyurl.com/h9dzgty>

Short Course: Advanced Epidemiology / University of Otago / Wellington, New Zealand

February 27-March 1 <https://tinyurl.com/y7dzctr>

Special: ICID (International Congress on Infectious Diseases) Hackathon / Multiple Sponsors / Buenos Aires, Argentina

February 26-March 2 <https://tinyurl.com/ydytmqhr>

Short Course: Advanced Epidemiology / University of Washington & Western Australia Health Transitions / Nedlands, WA

Near Term Epidemiology Event Calendar *continued*

February 26-March 2 <http://tinyurl.com/zfxw9hc>
Short Course: Introduction to Qualitative Research Methods / University of Bristol / Bristol, England

February 26-March 9 <https://tinyurl.com/yb5ory2y>
Winter School: Clinical & Genetic Epidemiology / Institute for Medical Information, Processing, Biometry, and Epidemiology / Munich, Germany

February TBA <http://tinyurl.com/z9j62vz>
Short Course: Advances in Genome-Wide Association Studies / Erasmus MC / Rotterdam, The Netherlands

March 2018

March 1-4 <https://tinyurl.com/ydyy9fxw>
Conference: 18th International Congress on Infectious Diseases / International Society for Infectious Diseases / Buenos Aires, Argentina

March 5-8 <https://tinyurl.com/jqutrx4>
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>
Conference: 42nd Annual ASPO Conference / American Society for Preventive Oncology / New York, NY

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

Near Term Epidemiology Event Calendar *continued*

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

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

To add your event to our calendar or place an ad for your event please go to:
<http://epimonitor.net/Post-an-Event.htm>

To view our full year online calendar please go to:
<http://epimonitor.net/Events.htm>

To view a printable copy of our 2018 calendar please go to:
<https://tinyurl.com/y95pm5nu>



Eunice Kennedy Shriver National Institute
of Child Health and Human Development

Division of Intramural Population Health Research Epidemiology Branch Postdoctoral Fellowships

The [Epidemiology Branch](#) is an intramural research program at the Eunice Kennedy Shriver National Institute of Child Health and Human Development. The Branch's mission is to conduct original research focusing on human reproduction, pregnancy, and child health. Candidates legally approved to work in the USA with an earned doctoral degree in epidemiology or a closely related field within the past five years are invited to apply. Applicants should send via email: 1) a curriculum vitae; 2) a statement of research interests; 3) three letters of reference; and 4) transcripts for undergraduate and graduate degrees to Dr. Pauline Mendola at pauline.mendola@mail.nih.gov. Applicants need not have completed their doctoral training prior to applying, although training must be completed prior to the start of the fellowship.

Further information about the Epidemiology Branch and Division may be found at: <https://tinyurl.com/jldoc2s>

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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

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 EPIDEMIOLOGIST DEPARTMENT OF EPIDEMIOLOGY AND BIostatISTICS

The Department of Epidemiology and Biostatistics invites applicants for a tenured or tenure-track position at the Assistant, Associate or Full Professor level in epidemiology. Requirements include a Doctoral Degree in Epidemiology, or in a related field with additional epidemiology training. Academic rank will be commensurate with experience.

Areas of ongoing research within our department include mental health, neurologic disorders, infectious diseases, cardiovascular health, reproductive health, perinatal and pediatric health, nutrition and cancer, women's health, environmental health, health services, health economics, biomarkers for disease risk and progression, health equity/social determinants of health, and biostatistical methods. We welcome applicants who work in complementary areas of epidemiological research and have a strong record of scholarship along with evidence of building an independent, externally-funded research program. This position includes teaching in graduate (MS, PhD), professional, and/or undergraduate programs and mentoring graduate students and post-doctoral fellows. We offer a competitive salary and start-up package and excellent benefits.

MSU has 4 health-related colleges (Human Medicine, Osteopathic Medicine, Veterinary Medicine, Nursing) and Colleges of Natural Sciences, Agriculture and Natural Resources, and Social Sciences, all of which participate in population health research. The 2 human medicine colleges have campuses in multiple Michigan cities, offering unique opportunities for epidemiological research in this distributed campus system. There is a strong, campus-wide history of international research and of collaborations across colleges and departments, clinical and non-clinical. The Greater Lansing area, home to MSU and the state capital, offers residents a family-friendly lifestyle, low cost of living, an abundance of art and cultural activities, and easy access to year-round outdoor recreational activities.

Candidates should apply on-line at <http://www.careers.msu.edu> for posting #472345. Include a curriculum vitae and a statement of scholarly activities, research and teaching interests (2 page limit). Upon request, candidates should arrange for three letters of reference to be submitted to Jill Hamilton (jhamilton@epi.msu.edu). Applications will be reviewed November 13, 2017, and will continue until this position is filled, with an anticipated start date of August 2018. For additional information visit <http://www.epi.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.

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MEDICAL PRACTICE
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PhD Biostatistician or Epidemiologist

Massachusetts General Hospital's Medical Practice Evaluation Center seeks faculty level biostatistician with doctoral degree in Statistics, Biostatistics, or Epidemiology. Appointment as Assistant or Associate Professor at Harvard Medical School commensurate with experience, training, and achievements. Requirements include: expertise in survival analysis, multivariate statistics, longitudinal modeling, simulation modeling, structural equation modeling, and other data analytic techniques.

Apply [here](#) or via www.massgeneral.org/careers (Job ID Number: 3034719).

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.



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
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Memorial Sloan Kettering Cancer Center
485 Lexington Avenue, 2nd floor
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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) 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.

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.

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