

## Growing Concern About Statistical Errors Triggers Statement On P-Values

### American Statistical Association Wants To Change How Scientists Use Statistical Inference

“We teach it because it’s what we do; we do it because it’s what we teach.” It is this type of circularity and other concerns coming to the attention of the American Statistical Association (ASA) in 2014 which prompted a decision by the ASA Board to develop a policy statement on p-values and statistical significance. The ASA goal was “to shed light on an aspect of our field that is too often misunderstood and misused in the broader research community.”

### Funny Video

To illustrate this confusion, the journalist Christie Aschwanden shared a funny video in one of her recent articles at [fivethirtyeight.com](http://fivethirtyeight.com) about the lack of understanding even scientists have about the definition of p-value [go to <https://tinyurl.com/pv62zro> and click on the short video].

*- Stats continues on next page*

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## How Scientists Fail To Impact Controversies in Epidemiology

“...the scientific community is not engaged in a collaborative effort to arrive at a data-informed consensus on the matter...” This strong indictment of the scientific community for how it proceeds or fails to proceed to help society resolve scientific controversies such as the one surrounding the use of salt in the diet is the subject of a recent paper in the International Journal of Epidemiology. The title of the paper

by co-authors Ludovic Trinquart, David Johns and Sandro Galea from the Mailman School of Public Health at Columbia and the Boston University School of Public Health is “Why do we think we know what we know? A metaknowledge analysis of the salt controversy”.

*- Controversies continues on page 8*

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**Controversial Topic**

According to ASA, the statement development process was lengthier and more controversial than anticipated. In addition to the statement, ASA invited commentaries from a variety of investigators, some of them such as Sander Greenland and Ken Rothman commenting individually as well as participating in a multi-authored commentary. Titles of the single author commentaries include:

- "It's Not the P-values' Fault",
- "P Values Are Not What They Are Cracked Up To Be",
- "Is Reform Possible Without A Paradigm Shift?"
- "Don't Throw Out The Error Control Baby With The Bad Statistics Bathwater", and
- "Disengaging From Statistical Significance".

**Longer Paper**

The longer multi-authored contribution is entitled "Statistical Tests, P-values, Confidence Intervals, and Power: A Guide To Misinterpretations" co-authored by Sander Greenland, Stephen Senn, Kenneth Rothman, John Carlin, Charles Poole, Steven Goodman, and Douglas Altman. It addresses no less than 25 misinterpretations and provides a closing set of guidelines (See link and note at the end of this article).

According to ASA, "Nothing in the ASA statement is new. Statisticians and others have been sounding the

alarm about these matters for decades, to little avail. What is new is that ASA has never before issued guidance on a matter of statistical practice.

With this statement, ASA is hoping "to draw renewed and vigorous attention to changing the practice of science with regards to the use of statistical inference."

**Set Of Principles**

The ASA statement presents a set of principles to guide the conduct or interpretation of science. They are:

1. P-values can indicate how incompatible the data are with a specified statistical model.
2. P-values do not measure the probability that the studied hypothesis is true, or the probability that the data were produced by random chance alone.
3. Scientific conclusions and business or policy decisions should not be based only on whether a p-value passes a specific threshold.
4. Proper inference requires full reporting and transparency
5. A p-value, or statistical significance, does not measure the size of an effect or the importance of a result.
6. By itself, a p-value does not provide a good measure of evidence regarding a model or hypothesis.

**Guide To Misinterpretations**

The Guide to Misinterpretations written by Greenland and colleagues includes at least 14 such misinterpretations related to single p-values, 4 related to P-value

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# *Epidemiologic Reviews* Focuses On The Science Related To Guns

## We Have Learned Useful But Still Only Limited Information Because Of Congressional Threats

A striking conclusion from a special issue of *Epidemiologic Reviews* devoted to examining the science on gun violence is that there is too little science to begin with. So says Michel Ibrahim, Johns Hopkins epidemiologist and co-editor of the violence issue. According to Ibrahim, "epidemiologic research on gun violence is scarce, especially research with powerful study designs such as prospective cohort studies. Several papers in the issue [of *Epidemiologic Reviews*] addressed violence generally and attempted to extrapolate to gun violence."

### Evidence Shortfall

A frequently cited reason for the shortage is the belief that Congress has mandated against it. But according to Daniel Webster, a second co-editor of the special issue and Director of the Hopkins Center for Gun Policy and Research, "... it is not accurate to say that there has been a ban on federally funded research on gun violence. There is no piece of legislation that says that these agencies can't use their funds designated for broad categories (e.g., youth violence, domestic violence, gang violence, substance abuse and violence) to support research that examines guns and gun violence. The National Institute of Justice and to a much lesser degree the CDC and NIH have funded research studies on gun violence during the past 20 years. But these agencies have, for the most part, decided to avoid

funding any study that has the potential to offend the gun lobby in order to avoid budget cuts that members of Congress threaten if they don't like the research or the findings. It was the efforts to cut the budget of the CDC and, initially, to completely eliminate its Center for Injury Prevention and Control, that has led to restricted (both in \$ and research question) funding."

### Staggering Toll

"There is widespread concern about the staggering toll of gun violence in the U.S., according to Ibrahim. In the year 2013 alone, firearms were responsible for 11,208 deaths by homicide (3.5 per 100,000 citizens). While homicides by firearm occur less frequently in the US than, for example, in Columbia (38.1 per 100,000 citizens), many are surprised to find that they are on par with countries such as Nicaragua (34.86 per 100,000 citizens), Palestine (3.09 per 100,000 citizens) and Uganda (3.71 per 100,000 citizens). These numbers also don't account for non-lethal firearm induced trauma, both mental and physical, and the 21,175 suicide deaths by firearm (6.7 per 100,000 citizens).

### Gun Access & Suicide

An important topic addressed in one of the articles is the relationship between firearm access and suicide

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*"... it is not accurate to say that there has been a ban on federally funded research on gun violence."*

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*"... firearm accessibility alone is likely the cause of increased suicide rates in homes where firearms are kept."*

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rates. Is this relationship causal or the result of a confounder? Using a bias analysis, the authors of the article determine that a "confounder would need to possess an untenable combination of characteristics, such as being not only 1) as potent a suicide risk factor as the psychiatric disorders most tightly linked to suicide (e.g., major depressive and substance use disorders) but also 2) an order of magnitude more imbalanced across households with versus without firearms than is any known risk factor." As such, they believe it is highly unlikely that such a confounder exists and has gone undetected to date. Thus firearm accessibility alone is likely the cause of increased suicide rates in homes where firearms are kept.

### **Substance Abuse**

Three of the articles examine the relationship between substance use and gun-related behaviors. A causal relationship between substance abuse and gun violence has long been assumed and a federal law prohibits the purchase of firearms by those that unlawfully use or are addicted to illegal substances. However, defining individuals to exempt from gun purchasing under this definition is still a gray area due to the presence of confounders. For example, positive associations between substance use and gun violence disappear or decrease when data is adjusted for psychiatric disorders. That said, interventions can be effective even without complete understanding of the causal relationship. It remains that drug selling and firearm usage are positively correlated, so limiting

firearm access for drug sellers may have positive outcomes even if the underlying cause is rooted in psychiatric disorders which, consequently, are much more difficult to identify.

### **Social Networks**

Another interesting review showed that the likelihood of gun victimization or perpetration is predicted by social network distance from individuals who use guns. The review demonstrated the potential of social network analysis to predict gun violence and guide prevention efforts.

### **Impact of Interventions**

Studies reviewed in the issue show that the effectiveness of firearm safety screening and counseling can be achieved through clinician training and that patients and families are accepting of such counseling, however the authors reviewing the material believe that higher quality studies are needed. Additionally, another article demonstrates that counseling and device provision successfully encourage the safe storage of firearms. Lastly, the final article in the issue tackles a characterization of the global effects of gun laws in a review of 130 studies carried out in 10 different countries between 1950 and 2014. The authors believe that, "high quality research on the association between the implementation or repeal of firearm legislation (rather than the evaluation of existing laws) and firearm injuries would lead to a better understanding of what interventions are likely to work given local contexts."

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*"... gun victimization or perpetration is predicted by social network distance from individuals who use guns."*

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## Stronger Measures Needed To Combat Air Pollution

## Two Countries Account For More Than Half the Deaths

The Global Burden of Disease, Injuries and Risk Factor Study 2013 reported that over 5.5 million people die each year from causes related to indoor and outdoor air pollution. New research recently presented at the annual meeting of the American Association for the Advancement of Science focusing on air pollution in China and India, argues that despite efforts to improve air quality, that number will continue to climb over the next two decades. The study was led by researchers at the University of British Columbia and the Health Effects Institute as part of an international collaboration led by the Institute for Health Metrics and Evaluation. They found that 55% of deaths caused by air pollution worldwide can be attributed to just China and India, where a staggering 1.6 and 1.4 million people, respectively, died from causes related to air pollution in 2013 alone.

Interestingly, the two countries have some important differences in the underlying causes of poor air quality. In addition to outdoor air pollution due to coal burning, which is the leading contributor to air pollution in China, India also has a major problem with indoor wood burning for heating and cooking resulting in many of the poorest members of society living in homes with very poor air quality. This research highlights the serious challenges developing countries face in tackling the leading environmental risk factor for disease. Other leading risk factors for death globally reported in the GBD 2013 study include dietary risks (11.3 million deaths), high systolic blood pressure (10.4 million deaths), tobacco smoke (6.1 million deaths) and high BMI (4.4 million deaths).

For more detailed statistics on the global health burden of air pollution see this infographic:

<https://tinyurl.com/hnm2fbj>

<https://tinyurl.com/gws2t64>

2013 GBD Study

<https://tinyurl.com/pqlzl7r>



## Longest Running Cohort Study In The UK Turns 70

The MRC National Survey for Health and Development (NSHD), the longest running cohort study in the UK, celebrates its 70<sup>th</sup> birthday this March. For comparison, the longest running longitudinal study in the world, the Terman Study of the Gifted, is about 95 years old, according to Wikipedia. The MRC study began by enrolling a representative sample of 5362 babies born in England, Scotland and Wales during March 1946 and has continued to collect data on their health and social circumstances throughout their lives. Past findings of the study have made notable contributions to treatment and prevention of cardiovascular disease, the effects of intervention on age-related physical decline and the lifelong effects of early life growth and development. The study promises to continue to produce important findings related to ageing in the older population as 3000 members turn 70 this month.

Read more about some of the key contributions of the NSHD to medicine, education and social policy here:

<https://tinyurl.com/z8ftg5q>

### UK Considering Adding Folic Acid To Bread And Flour To Prevent 300 Birth Defects Each Year

#### Delay In Policy Making Has Caused 2,000 Excess Cases

Following a 23-year debate on the topic, the UK Department of Health is considering mandating fortification of flour and bread with folic acid, based on the recent recommendation of the Food Standards Agency and Scientific Advisory Committee on Nutrition. Experts estimate that fortification in the UK could prevent at least 300 instances of neural tube defects a year, and would have prevented about 2,000 cases since 1998. Neural tube defects lead to serious disability, including spina bifida, and can often lead to terminations and stillbirth. The UK currently has the highest rate of neural tube defects in Europe and despite health officials urging pregnant women to take folic acid supplements for decades, the rates of these birth defects have not fallen. Research by Public Health England has determined that 85% of women aged 16-49 are not receiving the amounts of folic acid recommended by the WHO for pregnant women. Vice president of clinical quality for the Royal College of Obstetricians and Gynecologists told the Telegraph, "Food fortification will reach women most at risk due to poor dietary habits and socio-economic status as well as those women who may not have planned their pregnancy." Currently, 77 countries fortify flour with folic acid, including the US, where there has been 23% drop in neural tube defects since fortification was introduced in 1998. The Department of Health is expected to reach a decision in the near future.

### Civilian And Police Officer Deaths As A Public Health Problem Requiring Surveillance Data

A recent report in the journal PLOS Medicine argues that deaths from encounters with police constitute public health data, and as such, should be recorded and made available as a matter of public health. While the number of police officers killed in the line of duty is well recorded, there exists little documentation of the number of people killed by police. In fact, the only current count of Americans killed by police is maintained by the British newspaper The Guardian on a website called The Counted. Lead author on the PLOS study and Harvard professor of epidemiology [Nancy Krieger](#) told Bloomberg news, "In public health, we count dead people. We count dead people in order to understand mortality rates and to monitor changing trends." The article points out that, according to the Guardian's data more than 500 Americans were killed by police from January 1 to June 9 of 2015, which is almost 20 people a week, a figure that exceeds deaths from a number of diseases including measles and mumps. The authors propose counting both civilian and officer deaths from law enforcement encounters by making them a "notifiable condition" to be reported to the CDC weekly. This could be done without any determination if the killing was legally defensible. This data could be used to analyze racial disparities and to develop programs to help prevent future deaths.

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comparisons and predictions, 5 related to confidence intervals, and 2 common misinterpretations related to power calculations. It offers the following guidelines to minimize the harms of current practice:

1. Correct and careful interpretation of statistical tests demands examining the sizes of effect estimates and confidence limits, as well as precise P-values.

2. Careful interpretation also demands critical examination of the assumptions and conventions used for the statistical analysis – not just the usual statistical assumptions, but also the hidden assumptions about how results were generated and chosen for presentation.

3. It is simply false to claim that statistically non-significant results support a test hypothesis, because the same results may be even more compatible with alternative hypotheses – even if the power of the test is high for those alternatives.

4. Interval estimates aid in evaluating whether the data are capable of discriminating among various hypotheses about effect sizes, or whether statistical results have been misrepresented as supporting one hypothesis when those results are better explained by other hypotheses.

5. Correct statistical evaluation of multiple studies requires a pooled analysis of meta-analysis...all the earlier cautions apply.

6. Any opinion offered about the probability, likelihood, certainty, or similar property for a hypothesis **cannot** be derived from statistical methods alone.

7. All statistical methods...make extensive assumptions about the sequence of events that led to the results presented – not only in the data generation, but in the analysis choices...research reports should describe in detail the full sequence of events that led to the statistics presented...

[Ed. Note:

- To access the ASA statement, go to:  
<https://tinyurl.com/hu8ut6l>
- To access the 20 supplemental commentaries published with the statement, go to:  
<https://tinyurl.com/z443259>
- To access the Greenland and colleagues Guide to Misinterpretations, go to the link above this sentence, go to the very bottom of the page, locate the box showing the number 21, and click through to #21 for the Guide to Misinterpretations.]

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*"the probability, likelihood, certainty, or similar property for a hypothesis cannot be derived from statistical methods alone."*

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### What Is The Scientific Community Engaged In?

For decades a growing scientific controversy within the public health community has surrounded the contribution of a high salt diet to cardiovascular disease. While organizations such as the WHO and the CDC recommend reducing salt intake for most people, those within the scientific community continue to argue both sides of the debate. The authors systematically reviewed 269 reports published from 1978 to 2014, including primary studies, systematic reviews, guidelines, comments, letters and reviews, overall finding a remarkably strong polarization of scientific reports pertaining to salt intake and cardiovascular health outcomes or mortality. As they state, "we found that the published literature bears little imprint of an ongoing controversy, but rather contains two almost distinct and disparate lines of scholarship, one supporting and one contradicting the hypothesis that salt reduction in populations will improve clinical outcomes."

#### Exploration of Bias

To examine citation bias (the citation or non-citation of studies based on the result), the authors first classified reports as supportive (54%), contradictory (33%), or inconclusive (13%) of the hypothesis that salt reduction leads to health benefits. They next mapped a network of the citations within these reports, applying an analytical modeling

technique that allowed them to quantify the probability of a citation link between studies. This analysis revealed significant citation bias, as authors were 50% more likely to cite studies that came to a similar conclusion as their own.

Further remapping of the citation network based on authorship of reports found clustering within networks of scientists, with only 25 and 28% of authors responsible for 75% of contradictory and supportive reports, respectively. This finding suggests a disproportionately small number of prolific authors dominate the field on both sides of the controversy, perpetuating division. Furthermore, they found few collaborations between those holding opposing viewpoints on the controversy.

#### Bias In Systematic Reviews

Finally, the authors examined the consistency of citations in systematic review articles finding a surprisingly high level of variation in primary studies included. In the 10 systematic reviews including a total of only 48 different primary studies, they found that the estimated probability of a study that is cited by one review being cited by another review was just 27%. In addition, the probability that a primary study was cited in a particular review was even lower (22%) if that study reached a conclusion that was contradictory to the review rather than supportive. This finding is particularly surprising, and as the authors argue, is due to more than just differences in selection

- *Controversies continues on page 11*

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*"... authors were 50% more likely to cite studies that came to a similar conclusion as their own."*

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### Editor's Overall Take

According to Ibrahim, "several of the studies reviewed used ecological, cross-sectional, and before-after designs, which, because of the inherent confounding factors, limited the degree of certainty and generalizability of the results. In spite of these limitations, the weight of the evidence points to plausible relationships between guns access and suicide, between deviant social networks and gun violence, and between restrictive gun legislation and reduced deaths.

Better designed epidemiologic studies would provide more firm conclusions." He added "the strongest evidence of benefit comes from reviews (some used randomized trials) about clinicians' practices that encourage safe gun behaviors that were shown to be effective strategies." ■

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## Bringing Poetry Power To Epidemiology

### New Haiku Contest – Win \$300

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*"... the device gives these simple words power."*

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Dictionary.com defines haiku as a form of verse written in 17 syllables divided into 3 lines of 5, 7, and 5 syllables. We recently came across a National Public Radio story entitled "Haiku Traffic Signs Bring Poetry To NYC Streets". The story described a dozen haiku traffic warning street signs and quoted the designer saying "Poetry has a lot of power. 'If you say to people: 'Walk' 'Don't Walk' or 'Look both ways'. If you can tweak it just a bit---and poetry does that---the device gives these simple words power." A couple of NYC signs read as follows:

**Imagine a world  
Where every move matters  
Welcome to that world**

**Too averse to risk  
To chance the lottery, yet  
Steps into traffic**

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*" The winner for the best entry will receive a \$300 cash prize and bragging rights."*

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This story reminded us of some of the haiku submitted in the early days of The Epidemiology Monitor and gave us the idea to create a Haiku Contest for Epidemiologists. The purpose of this contest is to elicit haiku which best capture the methods or purposes of epidemiology. The winner for the best entry will receive a \$300 cash prize and bragging rights. We might be persuaded to create a t-shirt with the winning haiku, including the author's name to be worn in epidemiology and other less formal situations. All entries become the exclusive property of the newsletter. The deadline for submission is June 10, 2016.

Send your entries to [epimon@aol.com](mailto:epimon@aol.com)

To get your creative juices flowing, here are sample haiku collected years ago by The Epidemiology Monitor. These were not submitted as part of any contest and may or may not have had much to do with epidemiology. They were published in the newsletter in 1985 and reprinted in Epi Wit & Wisdom, our compilation of the best from the first 20 years of the newsletter.

Four haiku were submitted by [Craig Hedberg](#):

**Public health haiku  
Melt the snows of ignorance  
Blanketing disease**

**Cigarette smoking  
Raises up clouds of health risk  
That storm without cease**

**Crabs are summer's fun  
In a memory transformed  
By incessant itch**

**Germs are drowned in soapy froth  
As hygenic flood  
Washes the handscape**

Four other "haiku", breaking the rule about syllables, were submitted by [Dan Cherkin](#)

**Epidemiologic haikus  
Have few syllables  
At the end.**

*- Haiku continues on page 11*

Love, prophylactically,  
Means never having to say  
You are sorry.

P.I. slain by sharp rebuke  
Death certificate reads  
"Grant funds denied".

Natural causes out of vogue  
Smoke or salt or sloth  
Have grave results

Send us your imaginative haiku expressing the power of epidemiology! There is no limit to the number of entries allowed. In the event that two haiku are very similar, the earliest one submitted will receive priority consideration. All decisions made by our panel of judges will be final. Be the first to submit at [epimon@aol.com](mailto:epimon@aol.com) ■

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criteria, but additionally reflects a fundamental disagreement in the field about what counts as good evidence.

### Good Evidence Contested

They point to concerns with the methodological quality of the existing reports of randomized trials relating sodium intake to cardiovascular outcomes as one potential source of this disagreement. However, they argue that authors of systematic reviews must remain objective regardless and their analysis shows that the inclusion or exclusion of specific primary studies directly influences the conclusions of these systematic reviews, reinforcing uncertainty and perpetuating the divide within the field. These findings lead the authors to the harsh conclusion noted at the outset of this article and to recommend that an effort towards truly collaborative argumentation may be needed to address particularly difficult scientific questions.

While previous studies have addressed citation bias, Trinquart et al argue that their analytical approach is novel in that it allows for empirical quantification of these factors and could be useful for the analysis of both other areas of unresolved scientific controversy and those where there is a high degree of consensus. ■

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*"...that authors  
of systematic  
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objective..."*

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*"... an effort  
towards truly  
collaborative  
argumentation  
may be  
needed..."*

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## Notes on People



**Honored:** Mary Currier, Mississippi State Health Officer, with the Nathan Davis Award for Outstanding Government Service by the American Medical Association. She was formerly the Mississippi state epidemiologist.



**Profiled in WebMD:** Paul Mead, working in CDC's Emergency Operations Center on Zika virus. Mead is normally chief of epidemiology and surveillance for Lyme disease. He told WebMD his group is looking for unusual cases to help better understand Zika modes of transmission. Asked what would be the smoking gun that proves Zika causes microcephaly and/or Guillan Barre Syndrome, Mead said "In some ways, proof is kind of the weight of many different kinds of scientific evidence that's kind of decided by the scientific community as a whole, when people really become convinced."



**Thanked:** Roger Detels, UCLA epidemiologist, by the Minister of Health of Vietnam for his contributions to the health and well-being of the Vietnamese and to the development of medicine in that country. Detels has received similar recognition by other countries in Asia for his work related to handling the HIV/AIDS epidemic.



**Died:** Myron "Mike" Schultz, CDC epidemiologist for over 50 years, on February 19, 2016. He was called a true public health legend for his long service and a public health super sleuth for his work directing 130 field epidemiologic investigations and multiple other activities related to disease prevention and health promotion. According to his alumni colleagues in the Epidemic Intelligence Service, "Mike was known throughout CDC for his sharp mind, quick wit, and big heart. Stories abound of his willingness to listen, take an interest, and to connect people with resources." A full obituary is at [legacy.com](http://legacy.com)



**Honored:** Geoff Dougherty, social epidemiologist working with US News & World Report, by the American Association of Health Care Journalists for Excellence in Health Care Journalism. Dougherty co-wrote the story "Risks Are High At Low Volume Hospitals". The writers reported that hospitals continue to perform hip and knee replacements at low volumes despite the well-known risks to patients.

*- Notes on People continues on page 13*



**Died:** Edward Lammer, at age 62 on February 20, 2016. The former CDC epidemiologist and principal investigator at the University of California San Francisco's Children's Hospital Research Institute died unexpectedly just before his 63<sup>rd</sup> birthday. His early career involved work on the acne drug Accutane which was associated with severe birth defects, and he continued working on genetic and environmental causes of birth defects throughout his career. A full obituary is at [legacy.com](http://legacy.com)



**Honored:** Brian L. Strom, pharmacoepidemiologist, with the Oscar B. Hunter Career Award in Therapeutics by the American Society for Clinical Pharmacology and Therapeutics for outstanding contributions to clinical pharmacology and therapeutics. Storm is currently chancellor of Rutgers Biomedical and Health Sciences. He is the former Executive Vice Dean of Institutional Affairs, Founding Chair of the Department of Biostatistics and Epidemiology, Founding Director of the Center for Clinical Epidemiology and Biostatistics, and Founding Director of the Graduate Program in Epidemiology and Biostatistics, all at the Perelman School of Medicine of the University of Pennsylvania.



**DIED:** Ward Cates, at age 73, on March 17, 2016. His obituary notes "the world has lost one of the champions of public health and a pioneer researcher in the fields of HIV/AIDS and women's reproductive health." He worked for many years at CDC and later at Family Health International where he was President Emeritus of Research at FHI at the time of his death. As his Yale classmates pointed out, he had a "unique ability to light up a room with his contagious ebullience."

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# UC San Diego



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The Department offers teaching and student mentoring opportunities in the Bachelor of Science in Public Health degree program and the PhD in Public Health program administered jointly with San Diego State University. The Department has strong collaborative research programs facilitated by Centers of Excellence focused on Cardiovascular Epidemiology, Women's Health, Cancer and Energetics, Tobacco Control, Health Behavior Change in Underserved Populations, Wireless and Population Health Systems, and Integrative Medicine. The Department also provides multiple opportunities for collaboration with colleagues in other School of Medicine departments and in the basic sciences, social sciences, and engineering departments across the UC San Diego campus. Research collaborations are also available at UC San Diego with the Institute for Public Health, Stein Institute for Research on Aging, Moores Cancer Center, Clinical and Translational Research Institute, the Scripps Institution of Oceanography, and Jacobs School of Engineering.

Candidate(s) must have a PhD, DrPH, or MD. Experience in community-based research is also highly desirable. The successful candidate/s should demonstrate commitment to and experience in teaching and mentoring undergraduate or graduate students in public health. Candidates are required to show a demonstrated commitment to diversity and equity by submitting a Diversity Statement of past contributions and/or future plans of excellence in this area as part of their application for an academic appointment.

Appointment will be at Assistant, Associate or Full Professor rank. Series will include Ladder-Rank or partial Ladder-Rank (50%) / partial In-Residence (50%) with full or partial state funding; rank of appointment will be based on skills and qualifications of the candidate/s. Salary is commensurate with qualifications and based on University of California pay scales.

Candidates at the Assistant rank should have an established, funded research program and a strong record of publication in the peer-reviewed literature. The position will be Tenure-Track or Tenure-Track / In-Residence with full or partial state funding.

Candidates at the Associate and Full rank should have current funding and a proven track record in obtaining NIH (or comparable) funding and high productivity of publication in the peer-reviewed literature. The position will be Tenured or Tenured / In-Residence with full or partial state funding.

Review of applicants will begin on April 1, 2016, and the positions will remain open until filled.

Interested applicants must provide a letter of interest stating teaching and research goals, Curriculum Vitae, a separate statement describing past experience in activities to promote diversity and inclusion and/or plans to make future contributions, teaching evaluations, three PDF copies of the most significant publications and names and contact information for 3 references.

Applications must be submitted through the UC San Diego's Academic Personnel RECRUIT system.

Applicants for the Assistant level faculty position, please submit your application at:

**<https://apol-recruit.ucsd.edu/apply/JPF01045>**

Applicants for the Associate/Full Professor level faculty position, please submit your application at:

**<https://apol-recruit.edu/apply/JPF01046>**

AA-EOE: The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age or protected veteran status.



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE  
INSTITUTE FOR GENOME SCIENCES

**POSTDOCTORAL FELLOW IN HUMAN  
MICROBIOME RESEARCH**

The Institute for Genome Sciences (IGS) invites applications for a postdoctoral fellow to work with Rebecca Brotman, PhD, MPH on two projects funded by the National Institutes of Health. We are seeking a candidate who is interested to study the role of the human microbiome in relation to women's health. Qualified candidates will have a PhD or DrPH in Epidemiology or related discipline.

For more information, see the job description (<http://tinyurl.com/zxym5jk>) or contact Rebecca Brotman at [rbrotman@som.umaryland.edu](mailto:rbrotman@som.umaryland.edu) or 410-706-6767.



SCHOOL OF MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY

The Department of Epidemiology and Biostatistics in the School of Medicine at Case Western Reserve University is seeking candidates to join a vibrant research environment.

Faculty Positions in:

**Health Disparities Research**

**Environment Health**

**Biomedical Data Mining/Analytics**

**Cancer Epidemiology**

Candidates will work with existing faculty and will contribute to the Department's competitive PhD program in Population and Quantitative Health Sciences, thriving MPH program, and an innovative MS program in Biostatistics. Individuals are encouraged to learn more about these positions and apply by April 15<sup>th</sup>, 2016 at <http://case.edu/academic-careers/>

In employment, as in education, Case Western Reserve University is committed to Equal Opportunity and Diversity. Women, veterans, members of underrepresented minority groups, and individuals with disabilities are encouraged to apply. Case Western Reserve University provides reasonable accommodations to applicants with disabilities.

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**School of Public Health**

**The University of Texas**  
Health Science Center at Houston

**The University of Texas School of Public Health  
Dallas Regional Campus Dean / Tenured or Tenure-Track Full Professor**

The University of Texas School of Public Health (UTSPH) is seeking an energetic and visionary leader to become Regional Dean of the Dallas Regional Campus. The Dallas Regional Campus of UTSPH provides a rich, collaborative environment for research and teaching. The campus has strong ties with partner institutions in Dallas such as the University of Texas Southwestern (UTSW) Medical Center at Dallas, Harold C. Simmons Comprehensive Cancer Center, Parkland Health & Hospital System, and Dallas Children's Medical Center. UTSPH has four other regional campuses in addition to Dallas (Austin, Brownsville, El Paso, and San Antonio) that contribute to a broad range of teaching and research throughout the state and region. The UTSPH main campus in Houston is an integral part of The University of Texas Health Science Center at Houston (UTHealth) located in the Texas Medical Center.

The candidate is expected to have the ability to continue to develop a long-term vision for the Dallas Regional Campus, to develop new research and teaching programs, to increase and complement the success of existing programs, to mentor UTSPH junior faculty and students, and to engage in collaborative research with faculty at UTSPH, Dallas Regional Campus, and partner institutions in Dallas.

Candidates must have a doctoral degree in public health, epidemiology, or a related field, and the qualifications/credentials commensurate with an appointment as a tenured or tenure-track, professor at the Dallas Regional Campus of UTSPH. Candidates should also have a strong record of independent and collaborative research, successful history of securing extramural funding, outstanding interpersonal and communication skills, and an excellent record of leadership and team building skills. Please see full job description (link below) for a more detailed list of duties.

Salary will be competitive and commensurate to rank, experience, and qualifications. An excellent comprehensive benefits package is available. The screening of applications will begin March 21, 2016 and continue until the position is filled. Interested candidates must apply online through the access of the following link:

<https://jobs.uth.tmc.edu/applicants/Central?quickFind=109165>. (Job requisition number 161532.) Include a cover letter describing their qualifications and interests along with their curriculum vitae, and contact information for three professional references. For further inquiries and email correspondence, please contact Search Committee Chair, Deanna Hoelscher, PhD at (512) 391-2510; email: [Deanna.M.Hoelscher@uth.tmc.edu](mailto:Deanna.M.Hoelscher@uth.tmc.edu).

*UTHealth is an EEO/AA employer. UTHealth does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, or veteran status or any other basis prohibited by law or university policy. EOE/M/F/Disabled/VET*

*This is a security-sensitive position and thereby subject to Texas Education code §51.215. A background check will be required for the final candidate.*





## Tenure-Track Faculty Position (open rank)

Our department has established M.P.H., M.S., and Ph.D. curricula, and seeks an additional full time faculty to join our ongoing teaching and research programs in environmental and reproductive health, cancer, cardiovascular disease, obesity and aging. Disciplinary strengths include genetic, molecular, environmental and community-based approaches to epidemiologic research. Applicants must have a doctoral degree in epidemiology. Senior position applicants should have a strong record of peer-reviewed publications and extramural funding as a principal investigator. Entry level candidates should show evidence for potential to become independent researchers and graduate-level instructors.

Interested candidates should contact Dr. Richard Baumgartner at [rbaum01@louisville.edu](mailto:rbaum01@louisville.edu) and apply online at <http://www.louisville.edu/jobs> for Position ID#: 32457. Please see the above website for a full job description. Please include a letter of interest, updated curriculum vitae and a list of three references to:

Richard N. Baumgartner, PhD; Professor and Chair  
Department of Epidemiology & Population Health  
School of Public Health & Information Sciences  
University of Louisville  
Louisville, KY 40292

*The University of Louisville values diversity and is an AA/EEO employer.*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
Graduate School of Biomedical Sciences  
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: 5352BR; 5353BR; 5354BR**

*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.*



Stanford University School of Medicine  
Department of Health Research and Policy  
Division of Epidemiology



## Assistant / Associate / Full Professor

The Stanford University School of Medicine seeks highly qualified candidates for a full-time University Tenure Line or Non-Tenure Line (Research) faculty position in the Division of Epidemiology. The predominant criterion for appointment in the University Tenure Line is a major commitment to and excellence in research and teaching. The major criterion for appointment for faculty in the Non-Tenure Line (Research) is evidence of high-level performance as a researcher for whose special knowledge a programmatic need exists. A doctoral level degree in Epidemiology or a related field, with appropriate research experience, is required. We seek outstanding applicants with demonstrated research excellence and creativity in population-based or clinical epidemiology, including methodology. All areas of specialization will be considered. Visit

[http://med.stanford.edu/hrp/about\\_us/contact/jobs.html](http://med.stanford.edu/hrp/about_us/contact/jobs.html) for more information. Qualified applicants should send (1) a letter that describes research and career interests and (2) a curriculum vitae. Candidates will be expected to supply three letters of reference upon request. Send applications electronically, with the subject line "Stanford Epidemiology Search" to the Chief of the Epidemiology Division, Steven Goodman, MD, MHS, PhD in the care of Breanna Hampton ([bhampton@stanford.edu](mailto:bhampton@stanford.edu)).

*Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions.*

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