

All Cause Mortality Rate Takes Surprising Upward Turn For Middle Age Whites In The US

Historic Reversal In Risk of Death Linked To Epidemic Of "Midlife Distress"

The report has stunned epidemiologists, says the principal author. The root cause may be an epidemic of "midlife distress" not unlike the AIDS epidemic in the toll being taken. In an attention-grabbing and much discussed paper published in the Proceedings of the National Academy of Sciences in late October, Princeton University economists Anne Case and Angus Deaton documented a unique reversal in the long term trend of declining all-cause mortality

rates across multiple age groups in the US and selected other countries. The reversal occurred between 1999 and 2013 in the US, took place only in white middle-aged persons 45-54, primarily in persons with less than a high school education, and was not seen in six other rich industrialized comparison countries. Rates among Hispanics and black Americans continued to decline over the period studied.

- Mortality continues on next page



IARC Report Links Meat With Increased Risk Of Cancer

Agency Makes No Clear Public Health Recommendation - Confusion Is Widespread

"The way WHO classifies cancer-causing substances...? Maybe a little dangerous to your mental health. Because it is really confusing."
"The messaging isn't coming off very well, the risk communication piece."
These are some of the comments made in the media in response to the latest report from the International Agency for Research on Cancer (IARC) reporting on meat and cancer.

The last time there was similar confusion is when the IARC released its report on cell phones and brain cancer. This time the issue is processed meat such as bacon and sausage and red meat such as beef and pork and their associations with colorectal cancer. The agency appears to have an ongoing risk communication challenge.

- Meat continues on page 6

In This Issue

-3-

Racism As a Key Causal Factor

-4-

Epi in the News

-5-

From Evidence to Policy - A Legislator's View

-9-

Notes on People

-12-

NEW FEATURE
What We're Reading

-14-

Marketplace Jobs, Books & Events

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Surprise Turn of Events

Mortality rates had been falling at the rate of 2% per year but the investigators appeared to have stumbled on the new numbers showing that mortality actually rose by half a percent a year in the midlife age group. Case, the senior author of the paper told National Public Radio, "...to see this reversal was really stunning. And it has been stunning to all of the medical people, the epidemiologists that we have talked to as well."

Deaths NOT Prevented

According to the paper, for those aged 45-54, if the white mortality rate had held at its 1998 value, 96,000 deaths would have been avoided from 1999 to 2013. If it had continued to fall at its previous rate of decline of 1.8% per year, 488,500 deaths would have been avoided in the period 1999-2013. The authors ruled out a cohort effect for those born 1945 and 1965 and claim the turnaround they describe is both historically and geographically unique in the US, at least since 1950.

Causes of the Increase

Three causes of death, namely suicide, drug and alcohol poisoning, and chronic liver diseases and cirrhosis accounted for most of the increases in death rates. The patterns were similar for men and women. Also, increases in these causes of death were accompanied by increases in self-reported midlife

morbidity such as pain, psychological distress, difficulties with activities of daily living, and alcohol use.

Role of Education

The reversal in mortality rates was attributable to increases in rates among white persons with a high school degree or less. Those with education less than a bachelor's degree saw little change and those with such a degree actually experienced decreases in death rates.

In fact, all 5 year age groups between 30-34 and 60-64 had similar increases in mortality from the sum of drug and alcohol poisoning, suicide, and chronic liver disease and cirrhosis between 1999 and 2013. What differentiates the midlife age group is not that they were the only age group to experience increases in these causes of death, but only that their increases were large enough in these categories to bump up the all-cause mortality rate sufficiently to reverse the long term declining trend.

Reactions To The Findings

Commenting on the key features of the findings, namely that they involve both men and women, they do not involve African Americans and Hispanics, and they are not happening in other countries similar to ours, Case told NPR "...all of those things stood out to us as puzzle pieces that we have to look into

Calls Increase For More Focus On Racism As A Key Causal Factor In Health

Racism Called “America’s Contemporary Broad Street Pump”

Inspired by the Black Lives Matter movement, epidemiologists and public health professionals are calling for more intense focus and action on racism as a cause of ill health.

Mary Bassett, health commissioner of New York City, has been one of the leaders in this effort. Bassett published a perspective article in the New England Journal of Medicine earlier this year asking “Should health professionals be accountable not only for caring for individual black patients but also for fighting the racism – both institutional and interpersonal – that contributes to poor health in the first place? Should we work harder to ensure that black lives matter?”

Claiming a responsibility as health commissioner to do more, she pointed out that research on health disparities has occurred, but there has been “a reluctance to address the role of racism in driving these gaps. She identified three actions which could make a difference.

Three Actions

First, critical research. By studying the ways racial inequality harms health, researchers can spur discussions about responsibility and accountability.

Second, internal reform. She called for renewed efforts to bring more minority persons into the health professions and explicit discussion of how to engage communities of color.

Third, public advocacy. Medical professionals have greater credibility, she asserted, and should publicly assert their commitment to reducing health disparities.

Bassett reiterated the themes in her article in her delivery of the Dean’s Distinguished Lecture at the Harvard School of Public Health in late October. According to a Harvard news report, Bassett noted how lifespans in some of the poorer neighborhoods of New York City were up to 11 years shorter compared to wealthier ones which sometimes were only a few subway stops apart. “Our passion is driven by the data,” she said, “It’s time to change the narrative and acknowledge these enduring differences have to be changed.”

Hopkins Authors

Cory Bradley and Kelly King writing in a Johns Hopkins School of Public Health fall magazine article call racism a structural issue and a fundamental cause of disease and health disparities facing Baltimore and other cities. It is America’s contemporary Broad Street pump, they assert, and call for candid and critical conversations about racism, segregation, and their effects on health.

They call for “structural reformation” that redistributes power to communities, protects the disenfranchised, and redresses policies steeped in racism. They go

“Should we work harder to ensure that black lives matter?”

“It’s time to change the narrative and acknowledge these enduring differences have to be changed.”

Breast Cancer Incidence For Black Women More Likely To Die From The Disease Now Equals Rate Among White Women

“The lines have crossed for the first time... There is variation in year to year rates, especially in smaller populations such as in black women, but I think, overall, the picture we’ve seen is this slow steady increase in black women and stable rates in white women”, according to [Carol DeSantis](#), American Cancer Society (ACS) epidemiologist commenting to the New York Times about the ACS’s latest report “Breast Cancer Facts and Figures 2015-16.

The Times in a front page article on October 30 headlined the latest data “A Grim Breast Cancer Milestone for Black Women”. This is because the death rates from cancer are higher in black women so an increasing incidence rate is likely to lead to more deaths as well. According to the ACS report, “a striking divergence in long term breast cancer mortality trends between black and white women began in the early 1980’s. This mortality difference likely reflects a combination of factors, including differences in stage of diagnosis, obesity and comorbidities, and tumor characteristics as well access, adherence, and response to treatment.”

Early Richard Peto Hunch Finds Supporting Evidence

Scientific American reported in early October that elephants may stay cancer free more easily than humans because, despite their larger size and greater cell population, elephants have 20 copies of a key tumor fighting gene while humans have only one. According to the report, this idea was first floated in 1970 when University of Oxford epidemiologist [Richard Peto](#) noted that there is little relationship

between cancer rates and the body size or age of animals. The cells of larger animals with more cells should have divided more times and produced more random mutations, but they don’t appear to (called Peto’s paradox). The epidemiologist speculated years ago there might be “an intrinsic biological mechanism” that prevents cancer as these animals get older and larger. The paradox may now have an explanation. But not everyone is convinced. One observer told Scientific American, “if elephants smoked and had a bad diet, would they really be protected? I doubt it.”

Recommended Age To Begin Mammography Screening For Women Jumps From 40 to 45 Years

In a controversial move, the American Cancer Society now says it is best for the woman with an average risk of breast cancer to postpone screening with mammography until age 45. Previously, the Society recommended age 40 but after further review it now says “The evidence shows that the risk of cancer is lower for women ages 40-44 and the risk of harm from screenings (biopsies for false-positive findings, overdiagnosis) is somewhat higher. Because of this, a direct recommendation to begin screening at age 40 was no longer warranted. However, because the evidence shows some benefit from screening with mammography for women between 40 and 44, the guideline committee concluded that women in this age group should have the opportunity to begin screening based on their preferences and their consideration of the tradeoffs. That balance of benefits to risks becomes more favorable at age 45, so annual screening is recommended starting at this age.

Still questions persist. Even if one life could be saved, does this not make screening worthwhile? ACS says “...even though

- News continues on page 11

From Evidence To Policy---From The Perspective Of An Experienced Legislator

Researchers at Johns Hopkins have had a longstanding interest in how to translate research into policy or practice. This was evidenced over 15 years ago by a workshop on the topic reported in this newsletter (EM August/September 1998, see <https://tinyurl.com/pr8jxgq>) and in the American Journal of Epidemiology. In keeping with that interest, the fall issue of Johns Hopkins Public Health magazine includes an interview with former Congressman Henry Waxman who was instrumental in passing legislation which reduced smoking, expanded Medicaid coverage, and increased access to generic drugs.

Below are excerpts from the interview conducted by Clarence Lam, MD, MPH, and himself recently elected as a Maryland state delegate.

CL: Is the politicization of science – whether that’s climate change, environmental issues or vaccination policy – a growing trend?

HW: Until five to 10 years ago, most people would pay a lot of deference to scientists because their decisions are based on evidence. Now I see a lot of people in power dismiss science as just another point of view, and probably one that’s biased.

Ideology seems to be much more prevalent in approaching a number of issues that otherwise should be looked at as scientific issues.

CL: What motivates politicians and

special interest groups to discredit scientists today?

HW: There are a lot of groups that oppose what the scientists think we ought to do, for ideological reasons – but more often than not, it’s for profits.

CL: What’s your advice to scientists, researchers and others reaching out to legislators to effect policy change?

HW: I think it’s important that people who have expertise and knowledge share that with the policymakers. They ought not to feel any reluctance in that kind of a role. They’re the ones who have a special knowledge and whose views carry a lot of weight. So my recommendation is that they try to get those views across.

Because of the nature of what they do, scientists and researchers often don’t want to say things in a conclusive kind of way – because their scientific method is to always keep looking to revise the hypothesis based on new evidence. And so they say, “It appears to be,” or “The overwhelming evidence would indicate...” They need to be honest about how they express it, but not in any way be cowed by the difficulties.

CL: When you first arrived on Capitol Hill, I think there was a greater sense of collegiality and working amongst colleagues, particularly those across the aisle. Do you believe that today’s bickering and grandstanding is the

"I see a lot of people in power dismiss science as just another point of view, and probably one that's biased."

"They need to be honest about how they express it, but not in any way be cowed by the difficulties."

further to figure out, what are the root causes of this?"

No Shortage Of Speculation

The widespread coverage which this report elicited from the media was replete with speculation about the reasons for the reversal in declining death rates. Some of the increase may be associated with an increase in the use of prescription painkillers the authors report, however they also identified economic insecurity as a result of the recent financial crisis as a contributing cause. According to the authors, "...many of the baby boomer generation are the first to find, in midlife, that they will not be better off than were their parents." They conclude on both an optimistic and pessimistic note that "...if the epidemic is brought under control, its survivors may have a healthy old age. However, addictions are hard to treat and pain is hard to control, so those currently in midlife may be a 'lost generation' whose future is less bright than those who preceded them."

"... that they will not be better off than were their parents."

"...so those currently in midlife may be a 'lost generation'"

To listen to media commentators speculate about this epidemic, visit:

Podcast

<https://tinyurl.com/owsuhh5>

Published paper

Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

<https://tinyurl.com/pdl2mw6>

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What Are The Findings?

According to IARC, its working group considered more than 800 studies that investigated associations of more than a dozen types of cancer with the consumption of red meat or processed meat in many countries and populations with diverse diets. The most influential evidence came from large prospective cohort studies conducted over the past 20 years.

The IARC classified red meat as probably carcinogenic in humans based on still *limited* evidence that consumption of red meat causes cancer in humans and strong *mechanistic* evidence supporting a carcinogenic effect mainly for colorectal cancer but also for pancreatic and prostate cancers.

IARC classified processed meat as carcinogenic based on *sufficient*, i.e., convincing, evidence of carcinogenicity in humans.

Risk Quantified

IARC quantified the risk of eating processed meat by stating the risk generally increased with the amount of meat consumed and that an analysis of data from 10 studies estimated that every 50 gram portion of processed meat (less than two ounces or two slices of bacon) eaten daily increases the risk of colorectal cancer by approximately 18%. IARC estimated that if proven to be causal, the risk of colorectal cancer could increase by about the same amount as for processed meat (17%) for every 100 gram portion (3.5 oz) of red meat eaten daily (twice the portion size of

- Meat continues on page 7

processed meat). According to the Compound Interest website which has published a helpful infographic about the IARC classifications, when you look at the actual numbers behind the percentage increase, it makes it a bit clearer. On average, 64 out of 100,000 people develop colorectal cancer per year; eating 50 grams of bacon every day would raise your risk to 72 in 100,000.

Put another way, the lifetime risk of colorectal cancer is 5% and exposure of the type IARC identifies could raise that to 6%, according to one estimate.

Burden of Disease

IARC cited the most recent estimates by the Global Burden of Disease Project, that an estimated 34,000 cancer deaths per year worldwide can be attributed to consumption of diets high in processed meat and an estimated 50,000 attributable to diets high in red meat.

In seeking to put the risk from meat in perspective, IARC compared the total deaths per year worldwide for other exposures placed in IARC category 1. Thus, tobacco smoking causes an estimated 1 million deaths, alcohol consumption 600,000, and air pollution 200,000. Thus, exposure to processed and red meat causes close to half the deaths caused by air pollution (84,000).

Risk Communication Challenge

The IARC seeks to provide an objective and strictly evidence-based assessment of whether or not an agent is a cause of cancer. IARC chooses to

leave to policymakers the task of issuing recommendations on what to do about the risk at the individual and organizational levels.

However, as soon as these risk reports are issued, especially on exposures that many people use or enjoy such as cell phones and bacon, the media and the public want to know what they should do.

IARC did point out that there are already many national health recommendations advising people to limit the intake of processed and red meat, not because of cancer risk, but because of increased risks of death from heart disease, diabetes, and other illnesses.

Media And People On Their Own

The media and the public were left to grapple with comments about the report made the media or by outside experts who may have had no role in the review. Some media equated the risk of red meat to that of smoking, which was clearly a misleading interpretation of the findings.

In the case of processed and red meat, there has been relatively little questioning by the media or by the experts interviewed about the validity of the science showing the risk is real. (There have been the usual assertions epidemiologists have come to expect in every controversy using epidemiologic data informing readers, as one Canadian doctor put it "the warning is based on less rigorous, 'observational studies'). Instead most reports of this

"... the lifetime risk of colorectal cancer is 5% and exposure of the type IARC identifies could raise that to 6%..."

"...exposure to processed and red meat causes close to half the deaths caused by air pollution (84,000)."

“The latest IARC review does not ask people to stop eating processed meats but indicates that reducing consumption of these products can reduce the risk of colorectal cancer.”

controversy assume the risk is real and are centered on the question of--- so what?

Communication Challenge

While the IARC did not issue a formal recommendation on this matter, it did seek to address the question which it knew would be on the minds of everyone. According to the Q/ A accompanying the report, IARC states “The latest IARC review does not ask people to stop eating processed meats but indicates that reducing consumption of these products can reduce the risk of colorectal cancer.” It informs readers that only next year will a standing group of experts begin looking at the public health implications of the latest science and the place of processed meat and red meat within the context of an overall healthy diet.

One Perspective

In a blog headlined, "Know Your Risks, but Meat Still Isn't The Enemy", Aaron Carroll writes “Let’s be clear. Rational people are willing to accept small risks of harm to obtain something they value. The example I always like to use is cars. The No. 1 killer of children in the United States is, by far, accidents. Every time we put a child in a car, we are exposing them to the thing most likely to kill them. We don’t see headlines like “Cars Found to Kill Kids in Record Numbers!” or “Putting a Child in a Car Increases Their Risk of Death by 20 percent!” That’s because we have all

recognized that while cars do increase the risk of a bad outcome, the gains from driving outweigh the potential and very small absolute risks of death. The same is true of many things. I like Scotch. I like skiing. I like the occasional steak. All of these things may increase my absolute risk of death someday by some very tiny amount, but the daily happiness and satisfaction I gain from them outweigh those future, and most likely very small, risks... If you’re consuming multiple portions of processed meat a day, then you may see some small benefit in the lifetime risk of cancer by cutting back. But if you’re like most people I know, enjoying bacon or prosciutto a couple of times a week, this news most likely doesn’t affect you at all.”

Blog:

<https://tinyurl.com/nv8su6b>

Infographic on IARC Classifications:

<https://tinyurl.com/oken7fz> ■

“Rational people are willing to accept small risks of harm to obtain something they value.”

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Notes on People



Honored: JoAnn Manson, Harvard epidemiologist and professor as recipient of the Thomas Clarkson Outstanding Research Award from the North American Menopause Society in October 2015 for exceptional contributions to the understanding of women's cardiovascular health. Dr. Manson is professor in the Harvard School of Public Health, the Medical School, and chief of the Division of Preventive Medicine at Brigham and Women's Hospital in Boston.



Appointed: Kathy Helzlsouer, as chief medical officer and as an associate director in the National Cancer Institute's Division of Cancer Control and Population Sciences. She will direct several branches in the Epidemiology and Genomics Research Program. The director of the Division called Helzlsouer "a highly accomplished epidemiologist and clinician with a broad vision of cancer epidemiology, prevention, and control.



Profiled: Yasmin Altwajri, head of epidemiology at King Faisal Specialist Hospital and Research Center in Riyadh Saudi Arabia, in Tufts Now. She is of interest because she is "blazing a trail for epidemiology and for Saudi women in science," according to the almost 1300 word article about Altwajri and the challenges of doing epidemiology in her country. To read the profile visit <http://now.tufts.edu/articles/breaking-veiled-ceiling>



Honored: Michael Criqui, as recipient of the Eugene Braunwald Academic Mentorship Award "in recognition of his exceptional dedication and achievement as a mentor to more than 500 junior faculty members, fellows, and other trainees while achieving success as a medical scientist, physician, and educator. Dr Criqui has made major contributions to the study of cardiovascular epidemiology and prevention. Dr Criqui is currently at the University of California San Diego as a Distinguished Professor in the Departments of Medicine and of Family and Preventive Medicine.



Died: James Mendlein, retired CDC epidemiologist and Public Health Service Captain, on September 14, 2015. He received his PHD and MPH degrees from UCLA and was part of the Epidemic Intelligence Service class of 1985. He subsequently worked in multiple different programs at CDC including the Division of Injury Control, Division of Nutrition and Physical Activity, and the Division of International Health. In this last unit he worked with the Field Epidemiology Training Program where he extended his influence to epidemiologists in many countries.

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new norm? Or is there hope that the pendulum will once again swing back to that spirit of bipartisanship?

HW: I think the idea of the spirit of bipartisanship is overrated, because we [always] had people who were partisans. But the parties had a more diversity of opinion than each party now has. ...But we've seen a transition to the two political parties going to polar points on a lot of issues.

CL: So you attribute a lot of what we're seeing today to further entrenchment within the parties themselves. And that's led to fewer areas where they could work across the aisle?

HW: The idea of working across the aisle is still there. It's a question of being patient enough. I look at my career in Congress as a good example. I authored many bills that became law that people now would say, "Well, of course we should be able to get nutritional information when we buy a food item." Or, "Of course we shouldn't have to breathe in someone else's tobacco smoke in a public place." Or, "It's obvious that we ought to do everything we can to clean up the air we breathe."

But there's no inevitability to anything. Even the simple labeling law took years to pass, to develop the consensus behind it. The Clean Air Act took us 10 years of battling. On a lot of the laws, it sometimes took a decade or more to pass them as we tried to educate people, so that when they heard a quick sound bite from

somebody on the other side — who usually had an economic interest in the outcome — to step away and evaluate the evidence and to see what's really at stake. And eventually, people did come around.

To read the full interview, visit:

<https://tinurl.com/ozsjhon> ■

further to urge that "all public health professionals must critically examine the role of structural drivers of disparity in their work, such as racism and residential segregation — so that beyond documenting disparities, we move toward a more complete understanding of how racism and racist policies and systems disrupt pathways to health."

Value Based Research Granting

Bradley and King call for value-based research granting which evaluates applications and research outcomes by how well they actually translate "to deconstruct systems that oppress individuals of color and limit their well-being." They end by quoting an Australian activist who said "If you come here to help me, you are wasting your time. But if you come because your liberation is bound up in mine, then let us work together."

APHA Initiative On Racism

Another sign of the reinvigorated interest in racism is the work of CDC epidemiologist [Camara Jones](#) who has been elected as the new president

- Racism continues on page 11

"...there's no inevitability to anything."

"... we move toward a more complete understanding of how racism and racist policies and systems disrupt pathways to health."

“...mammography reduces deaths from breast cancer, it does not eliminate them, even in the age groups where it is agreed that women should be screened. The challenge of screening is maximizing the lifesaving benefits while minimizing its harms. These evidence-based guidelines represent the best current thinking on that balance.”

Three breast cancer doctors quickly took to the pages of the NY Times to denounce the new guidelines. According to an op-ed piece in the Times on October 29, these clinicians disagreed “profoundly” with the recommendations. Why? They believe experts are overemphasizing the harms related to mammogram callbacks and biopsies. They suggest the panel which completed the review may have been biased in the direction of saving money over saving lives.



“Predatory” Journal Website Displays Photo Of The Late Epidemiologist Richard Doll As A Current Editor

First it was the headline in the Ottawa Citizen newspaper which caught our attention – “The editor is deceased: Fake science journals hit new low”. Then it was the large and clear close up photo of the late epidemiologist Sir Richard Doll. It turns out that an investigative article about “predatory journals” in the newspaper uncovered the fact that the website of the Journal of Spectroscopy and Molecular Physics [<http://jspecmolphys.yolasite.com/>] currently presents a photo of Doll as well as other scientists as editors and assigns them fake names. Thus Richard Doll is now Professor Richard Turner. Some of the scientists pictured are living according to the paper.

A recent and fascinating study of “predatory journals” published in BioMedCentral [<https://tinyurl.com/q7abndf>] defines these as

journals which publish articles rapidly without sound peer review for authors who need publications on their CV’s. According to the authors of the study, publishers of this type of journal seem to be in the scholarly publishing business only in order to collect article processing charges. They assert “the information on the Internet about the journals is often strongly misleading, and the publishers spam academics all over the globe with requests for submissions and reviews and for joining editorial boards.”

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-Racism continued from page 10

of APHA. Throughout her career, Jones has been a staunch advocate for a greater focus on racism defined as “A system of structuring opportunity and assigning value based on the social interpretation of how one looks which unfairly disadvantages some and advantages others.”

In a recent video discussing her plans as APHA president, Jones reminded listeners that health is not created within the health sectors of clinical or public health medicine but is created in the conditions of peoples’ lives such as housing, criminal justice, education, employment, and so forth. These conditions or social determinants of health are not evenly distributed in society. Jones plans to lead APHA and other national organizations in a national conversation and campaign against racism.

Bradley and King
<https://tinyurl.com/qetocnp>

Camara Jones video
<https://tinyurl.com/qhnuy5j>

Basset NEJM article
<https://tinyurl.com/jwozv8z>

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[Ed. Note: If it interested us, it will interest you! That's the thinking of our epidemiologist mind in creating a new feature in the newsletter entitled *What We're Reading*. The concept is to share with our readers some of the best articles we come across each month or give readers more opportunities to learn about topics we were not able to report on. We hope you will benefit from this new addition and send us some of your own "best articles" to share with readers. Send your suggestions and links to epimon@aol.com]



Is Silicon Valley Bad For Your Health?

"You'd think when you go to companies that offer great health insurance, on-site gyms, and extensive wellness programs that you wouldn't be seeing the issues we're seeing...But people are so freaking busy they can't even imagine going out to the doctor." (From Fortune) <https://tinyurl.com/nfc9akg>

Big Data Are Reducing Homicides In Cities Across The Americas

"Violence is a big problem in modern society and in cities in particular. Homicides were rampant in my hometown of Cali, Colombia, when I became mayor in 1992. Few people saw murder as a pressing health problem, but I did - probably because I had earned a Ph.D. in epidemiology at the Harvard School of Public Health. I decided to apply the statistical methods used by public health experts to identify the sources of homicide and to reveal social and policy changes that might make a difference." (From Scientific American) <https://tinyurl.com/pumwx2a>

Inequality Isn't Just Unfair--It's Making People Sick

An interview with Michael Marmot about his new book *The Health Gap* in which he explains the pathways through which the social environment impacts health. He responds to being called a "Health Nazi" for advocating using the tax system and strengthening social programs to make fairer and healthier societies. (From VOX) <https://tinyurl.com/odcy2en>

The Culture of Inequality

"Inequality may be the idea du jour, but culture is the reality that confounds. Whether we are able to make progress on inequality will depend to a great extent on the degree to which policy leaders recognize the duality of social issues. Like the two sides of a coin, the ability of social analysis to affect the world is always constrained by the perceptions that people bring to that reality. If we are to win ground toward a more equitable society, policy leaders must come up with solutions to both sides of the problem: science-based policy solutions that reduce and prevent inequality, and science-based communications solutions that address the deeply held, foundational but implicit patterns of reasoning - what anthropologists call "cultural models" - that people use to think about economic mobility. As

fundings and think tanks gear up to prioritize inequality as a key issue for our time, it will be imperative that we come up not only with policy solutions but with narrative solutions as well." (From NPQ - Nonprofit Quarterly) <https://tinyurl.com/payrpna>

How Realistic Is 'The Walking Dead'? Ranking Pop Culture's Worst Zombie Outbreaks

"But suspending disbelief on the whole bringing-back-the-dead thing, just how realistic are these zombie outbreaks? As a professor specializing in infectious diseases, I felt duty-bound to rate them using a scoring system of 0 (never going to happen) to 10 (completely plausible scenario). Warning: possible spoilers". (From Quartz) <https://tinyurl.com/nbl3luc>

How One Of The Most Obese Countries On Earth Took On The Soda Giants

All about the successful battle to impose a tax on soda in Mexico as a means of helping to reduce obesity. (From The Guardian) <https://tinyurl.com/owtus64>

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Many readers print a copy of this issue for use throughout the year while others access it online. Links to this document appear in every issue of the EpiGram that we publish throughout the year to make sure all of our readers have access to it.

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Tenure Track Assistant and Associate Professors – Health Services

The Department of Epidemiology and Environmental Health (EEH) in the School of Public Health and Health Professions (SPHHP) (CEPH accredited) at the University at Buffalo (UB) is recruiting for two (2) new, state funded, 12-month, tenure track positions at the rank of Assistant and Associate Professor in the Division of Health Services Policy and Practice in EEH.

Preferred areas of research include healthcare quality, patient centered care, patient outcomes, resource utilization, and/or healthcare economics. The duties and responsibilities include development of an independent research program, participation in collaborative research, and teaching and mentoring students in the MPH Health Services Administration concentration, MS/PhD program in Epidemiology and the anticipated PhD Program in Health Services Research. These are strategic hires within an expanding Division of Health Services Policy and Practice; the University is in a period of unprecedented growth.

Candidates must possess a Ph.D. or equivalent degree. Research in health analytics, health services, health care administration, epidemiology, health economics or a closely related field is required. Candidates must have funded research and peer reviewed publications commensurate with appointment rank. Associate Professor candidates must have peer reviewed publications and external funding. Assistant Professor applicants must have peer reviewed publications and a funding history commensurate with their years of experience. Experience in the management and analyses of large data sets is highly desirable. Applicants should possess excellent oral and written communication skills.

If you have questions, please contact Dr. Arthur Michalek, EEH, amm3@buffalo.edu, (716) 829-5369 or go to www.ubjobs.buffalo.edu/applicants/Central?quickFind=58062. Applicants must apply online. The online application can be found at www.ubjobs.buffalo.edu. The posting number is 58062.

Washington University School of Medicine in St. Louis

Exciting Opportunity for a Mid-Career Faculty Position in Biostatistics

Washington University School of Medicine in St. Louis, among the world's premier health research institutions, is committed to advancing human health. As noted leaders in patient care, research, and education, our outstanding faculty have contributed many discoveries and innovations to science and medicine.

The Division of Biostatistics at Washington University School of Medicine, in collaboration with the Institute for Clinical and Translational Sciences (ICTS), invites applications for a mid-career faculty position in Biostatistics. Rank is commensurate with experience. The successful candidate will join a highly productive Biostatistics Division that plays critical roles in supporting several centers and institutes at the forefront of research in clinical and translational sciences. The Division of Biostatistics faculty conduct cutting edge research in statistical sciences as applied to a range of biomedical and genomic projects including observational studies, clinical trials, and statistical genetics. It also offers a growing graduate training program in biostatistics.

The mid-career faculty position offers an excellent opportunity for individuals with leadership capabilities and a commitment to excellence, innovation, and originality combined with the desire to engage in cutting-edge research on statistical methods and their application in health sciences. Candidates with extensive experience in observational studies and clinical trials would be preferred.

Applicants must have a PhD in biostatistics, statistics, or a related field in quantitative sciences with an exceptional track record of collaborative research and a commitment to supporting/leading collaborations in diverse areas of clinical and translational research. Additional expectations include: a strong record of collaborative publications as well as some substantive ones demonstrating academic excellence; some experience with grant writing; serving in a leadership capacity on collaborative grants (preferably as a Multiple PI or playing key roles which used to be recognized as "Co-PI"); excellent skills in statistical consulting and communication including experience in pre-award statistical consulting; some leadership experience in leading Biostatistics Core facilities is desirable; and a passion for teaching and mentoring graduate students and junior faculty. The ideal candidate will have strong leadership characteristics to guide and contribute to the growth and success of the Division and be willing to serve on various academic activities and committees. Leadership opportunities exist.

We strongly encourage women and underrepresented minorities to apply; Washington University is an equal opportunity/affirmative action employer. Interested candidates are encouraged to apply by January 15, 2016 with a statement of research interests, CV, and three letters of recommendation to: Biostatistics Search Committee, Division of Biostatistics, Washington University School of Medicine, 660 South Euclid, Campus Box 8067, St. Louis, MO 63110-1093. Application materials may also be e-mailed to facultysearch@wubios.wustl.edu.





JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

TENURE-TRACK ASSISTANT PROFESSOR POSITION
Department of Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a tenure-track Assistant Professor specializing in infectious disease dynamics. We welcome applications from candidates who recently completed their post-doctoral training or who are early in their research career.

Applicants should have a doctorate in epidemiology, ecology or equivalent training.

The candidate appointed to this position will have expertise in the statistical analysis of pathogen transmission, mathematical and computational modeling, and/or phylogenetic and phylodynamic methods. The successful candidate would be expected to contribute to teaching courses in infectious disease epidemiology and dynamics. Candidates who combine methodological and modeling work with experience in field epidemiology and data collection are particularly encouraged to apply. While the position does not require a disease-specific focus, candidates with research interests including emerging infections, dengue, influenza, malaria or HIV are encouraged to apply. The successful candidate would be joining an active and productive group of students, post-doctoral fellows and faculty with an interest in infectious disease dynamics.

The candidate must be committed to advising graduate students and mentoring post-doctoral fellows. Relevant publications, early career grant funding, and classroom teaching and mentoring experience are desirable. Experience in multidisciplinary collaborations on infectious disease dynamics will be viewed positively.

The Department of Epidemiology is one of the oldest and largest departments of epidemiology in the world, with over 200 doctoral and master's students and a diverse research program directed by 100+ faculty. Interested applicants should send their curriculum vitae, research statement and the names of three references by April 1, 2016 to:

David D. Celentano, ScD, MHS
Charles Armstrong Chair and Professor
Department of Epidemiology
Johns Hopkins Bloomberg School of Public Health
615 North Wolfe Street, Suite W6041
Baltimore, MD 21205 USA
or submit by email to: facapps@jhsph.edu

Inquiries for further information should be directed to Dr. William Moss, Search Committee Chair, at wmoss1@jhu.edu. A link of interest for this position is <http://www.jhsph.edu/departments/epidemiology/>

The Johns Hopkins University is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status, veteran status, or any other occupationally irrelevant criteria. The University promotes affirmative action for minorities, women, disabled persons, and veterans. The Johns Hopkins University is a smoke-free environment and as such, prohibits smoking in all facilities. The Johns Hopkins University is a drug-free workplace.

School of Public Health

Call for applications to Lecturer, Senior Lecturer, Reader and Professor positions

Imperial College London's School of Public Health is making a substantial new investment in up to ten academic appointments to build upon existing strengths and develop world-leading research programmes, following its successful performance in the 2014 Research Excellence Framework Exercise.

We are seeking non-clinical or clinical academics from Lecturer to Professor level with highly innovative research objectives and a track record of high quality publications and research income. These new permanent appointments will strengthen or complement our existing outstanding research activities in the following areas:

- Epidemiology and/or modelling of major global health pathogens (HIV, malaria, TB), neglected tropical diseases, parasitology, quantitative analysis and/or field evaluation of vaccines, health economics modelling applied to infectious diseases, pathogen evolution
- Cancer, diabetes and/or cardiovascular disease epidemiology with a focus on environmental, genetic, metabolic and molecular risk factors
- Neuroepidemiology of ageing, Alzheimer's disease, neurogenetics, prevention trials for late-onset neurodegenerative diseases
- Biostatistics applied to infectious or chronic disease epidemiology, computational biology, bioinformatics, data sciences
- Human genetics, functional genomics, genetic epidemiology of common diseases
- Public Health and Primary Care research with a focus on healthcare services, health systems, primary care epidemiology, primary prevention and population- and patient-based randomized trials

The level of appointment will be determined according to track record and experience. There is provision for individually negotiated appointments and appropriately tailored job descriptions to encourage innovative research approaches or clinical translational work. Those seeking a first Non-Clinical Lecturer or Clinical Senior Lecturer/Consultant post in Epidemiology, Public Health and/or Primary Care are encouraged to apply.

Imperial College London and the School of Public Health provide an outstanding multidisciplinary environment in basic, translational and clinical research with excellent computing and laboratory facilities. This is an excellent career opportunity for individuals with the vision, leadership ability and ambition to be among the best in the field.

Interested individuals are encouraged to make informal enquiries to Professor Elio Riboli: e.riboli@imperial.ac.uk; tel. +44 (0)20 7594 1913 or Professor Deborah Ashby: deborah.ashby@imperial.ac.uk tel. +44 (0)20 7594 8704.

Our preferred method of application is online via our website <http://www.imperial.ac.uk/job-applicants> (please select "Job Search" then enter the job title or vacancy reference number **SM264-15** into "Keywords"). Please complete and upload an application form as directed.

Closing date: 11 December 2015.

Committed to equality and valuing diversity. We are also an Athena SWAN Silver Award winner, a Stonewall Diversity Champion, a Two Ticks Employer and are working in partnership with GIREs to promote respect for trans people.



Faculty Position in Epidemiology

Wayne State University School of Medicine

Wayne State University located in Detroit, Michigan is seeking to strengthen its Epidemiology Unit, which deals with the incidence, distribution, and possible control of diseases and other factors relating to health.

The Epidemiology Unit collaborates with Departments within the School of Medicine, and also with the Perinatology Research Branch of the Division of Intramural Research, NICHD, NIH, DHHS, which is housed at the Wayne State University campus.

As a key staff member in support of the PRB, this individual would help to accomplish the Branch's mission by 1) developing statistical analysis, programming strategies and methodologies in support of research projects, 2) evaluating and analyzing data using accepted statistical and biostatistical techniques, 3) working closely with the scientific team and collaborators to provide operational parameters to ongoing research, 4) training the next generation of researchers, 5) translating the results of the research through publications and technology transfer.

The individual chosen for this position will become part of a highly successful, fast-paced research group that focuses on clinical and basic research in perinatal medicine and related disciplines. The goal of this internationally recognized research is to develop novel diagnostic, therapeutic and preventative strategies to reduce adverse pregnancy outcome, infant mortality and handicap. The research agenda involves novel discovery technologies in functional genomics, proteomics, metabolomics and DNA analysis.

To be considered for this position, it is recommended that candidates demonstrate the following:

1. Thorough knowledge of biostatistical methodologies, procedures and testing
2. Expertise in issues pertaining to the conduction and analysis of longitudinal studies
3. Competence in the area of mathematical modeling
4. Knowledge of data coordination, collection and statistical analysis methods and research coordination principles
5. Knowledge of medical and research protocols
6. Knowledge of computer software design and multiple programming languages
7. Demonstrated broad knowledge of the understanding of scientific principles, theories and technologies applicable to biological sciences, in general, and perinatology in particular
8. A sound understanding of academic research and related issues together with extensive experience in complex, multi-disciplinary programs (administrative and scientific)
9. Ability to foster intellectual productivity
10. Strong oral and written communication skills
11. Ability to work independently and collaboratively
12. Basic knowledge of perinatology is desirable

Academic and professional requirements:

1. Ph.D. in Epidemiology, Biostatistics, Statistics or related field
2. Minimum of five years of experience

Interested individuals should send:

a curriculum vitae,
a separate statement summarizing their experience and professional contributions,
and three references to:

Jennifer Turpin
Wayne State University School of Medicine
jturpin@med.wayne.edu

Assistant Professor of Epidemiology with Expertise in Genetic Epidemiology

Description: Epidemiologist with emphasis in Genetic Epidemiology, Human Genomics, and Precision Medicine

The Department of Family Medicine and Public Health (FMPH) at the University of California, San Diego, is committed to academic excellence and diversity within the faculty, staff, and student body and invites applications for a tenure track faculty position in genetic epidemiology, human genomics and/or precision medicine. Applicants are sought with formal training in epidemiology (PhD or DrPH in epidemiology preferred), an established, funded research program in genetic epidemiology, and a proven track record in teaching methodological and applied epidemiologic research methods at the undergraduate and/or graduate levels. Candidates should have recent success in obtaining one or more NIH R01s (or comparable) grants and high productivity with regards to peer-reviewed publications. UC San Diego School of Medicine offers a research-intensive environment with multiple opportunities for collaboration with colleagues at the Stein Institute for Research on Aging, the Moores UCSD Cancer Center, the UCSD Clinical and Translational Research Institute, and other departments. FMPH continues to grow with established Centers of Excellence in Cardiovascular Epidemiology, Women's Health, Cancer and Energetics, Tobacco Control, Health Behavior Change in Underserved and Minority Populations and Complimentary and Integrative Medicine. Opportunities include contributing to a newly established Institute of Public Health led by FMPH Chairperson Dr. Bess Marcus that will serve as a home for all public health oriented efforts including oversight of public health degree offerings at UC San Diego.

Successful applicants should place high priority on teaching undergraduate and/or graduate students in public health as well as medical students. FMPH offers a PhD program in Public Health in collaboration with San Diego State University with tracks in health behavior, epidemiology and global health. The department is interested in candidates who have demonstrated commitment to excellence by participating in teaching, research and service towards building an equitable and diverse scholarly environment.

Salary: Salary is commensurate with qualifications and consistent with University of California pay scales. Closing Date: Review of applicants will begin in November 11, 2015, and the position will remain open until filled. To apply, please send a letter of intent, CV, a statement of contributions to diversity, teaching evaluations, and names of three referees to: <http://apptkr.com/683601> Under Family Medicine and Public Health Genetic Epidemiologist (Assistant Tenure-Track)

Please reference position number JPF00908 on all correspondence.

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