



# epimonitor

THE EPIDEMIOLOGY MONITOR

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

## The People's Epidemiology Library Launches Contest For Essays To Explain The Uses Of Population Studies Of Disease Causality To The Lay Public

### \$4,000 Prize Includes Free Trip To Epidemiology Congress in Scotland Next Summer

Have you ever thought of yourself as a good writer or been told you are a good communicator? Now is your chance to prove it in an essay contest being launched by The People's Epidemiology Library (PEL). The Editors of the PEL are launching a contest to write six short essays explaining to a wider public the main topic areas of epidemiologic methods and concepts. The essays would serve to orient non-epidemiologist visitors to the PEL

website about the content of the main sections of the library. Such visitors include persons with a medical or science degree, but also journalists, or interested lay persons who want to know more about the origins of particular ideas.

#### What is PEL?

The People's Epidemiology Library

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## Witness At Congressional Hearing Provides Compact Summary Of Evidence For Global Warming And The Need For Action

### Concern Voiced About Public Confusion On The Topic

"There are no Republican or Democratic thermometers," according to climate scientist Richard Somerville in seeking to make his point for a recent Congressional hearing that scientific validity has nothing to do with political viewpoints. In written advance testimony, the Scripps Institution of Oceanography scientist addressed the Subcommittee on Energy and Power of the House Committee on Energy and Commerce which was holding a hearing on "Climate Science and EPA's Greenhouse Gas Regulations".

Somerville has been concerned about the degree of public confusion on the science behind climate change and the reasons for it. He attributes the current state of affairs to junk or fake science and he believes moving forward to address climate change will require arming the public to better recognize the pitfalls of fake or junk science. It was in that context that he offered his above comment on thermometers, and he went on to present a set of public guidelines for recognizing and rejecting junk science and disinformation. They

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(PEL, [www.epidemiology.ch/history/betaversion](http://www.epidemiology.ch/history/betaversion)) is a web-based repository of original articles and commentaries, explaining and illustrating the historical development of population studies of causes of disease. It is a sister of the James Lind Library. ([www.jameslindlibrary.org](http://www.jameslindlibrary.org))

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The new essays will be presented to the public on August 9, 2011, from 8 pm to 10 pm, at a symposium entitled "History of epidemiology: teaching the students and reaching the public using the People's Epidemiology Library?" held within the International Epidemiological Association's World Congress of Epidemiology in Edinburgh Scotland (August 7-11, 2011.)

### The Prize

With support of the American College of Epidemiology, the Epidemiology Monitor and on the basis of internal resources, the PEL is offering a prize of US\$4,000, which will allow the winner to attend this World Congress. The prize is intended to cover the expense of travelling to Edinburgh, hotel stay for the duration of the Congress, and the registration costs. The winner is expected to be present at the inauguration event of the PEL website during the Congress.

### Essay Topics

An introductory essay and five substantive essays should explain the current subheadings of the PEL site: 1) "Introduction to epidemiology", 2) "How to count?," 3) "How to set up comparisons?," 4) "Errors in measurements and comparisons," 5) "What do epidemiologists see as a

cause?," and 6) "How to deal with multiple causes?" More information on each of these topics is available on the PEL's website which currently consists mainly of original papers and a few epidemiologic commentaries on these papers. The series of six lay-friendly essays should have no more than 12,000 words in total.

### Criteria

PEL editors expect that candidates will be experienced epidemiology researchers and/or teachers, and have a knack for writing clearly and simply without the use of jargon. The selection criteria will be based on the judges' evaluation of the candidates' ability to distill epidemiologic methods and concepts accurately and effectively for a diverse international lay-public.

### Applications

The winner will be selected from email applications consisting of: a) name, affiliation and qualifications; b) a statement about why the candidate is well qualified to write these essays; c) a brief outline (1000 to 1400 words) explaining what would be the content of an introduction and of the five essays on each of the five parts of the PEL website; d) a sample of the candidate's writing style from something written in the past either about epidemiology or a non-epidemiology topic.

The successful candidate who is selected will be expected to write six essays (one introductory and one about each topic - each about 1500 to 2000 words) before July 31st, 2011, so that he or she can present them at the conference of the IEA in Scotland.

*- PEL Launches Contest, continues on page 6*

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# Organizing Framework For Data Translation in Public Health Offered By CDC Scientists

## New Framework Supports Earlier Conclusions About The Importance of Researcher Interactions With Other Actors In The Decision Making Process

Despite the undeniable value of grounding public policy in alignment with sound scientific studies, the translation of evidence into public policy or public health practice is not a straightforward process. And despite the longstanding nature of the challenge, successfully using evidence remains a complex process with different types of evidence to be considered, multiple actors involved, numerous activities to be performed, different tangible and intangible resources needed, competing interests that need to be weighed, and varying potential outcomes to be selected for evaluation.

### Failure to Translate

Multiple examples of an apparent disconnect between mainstream science conclusions on causality or efficacy and public policy decisions exist to show that data translation failures are common. Included are those around autism and vaccines, mammography screening guidelines and health effects for women under fifty, climate change and human activity, and the many proven public health interventions that lie under-utilized. As noted by scientists at CDC, writing in the current issue of Preventing Chronic Disease, “no area has a more pressing need for bridging research and practice than the prevention and control of chronic diseases.” (1) This observation echoes one reported by epidemiologist Ross Brownson who has written frequently on this topic, “there is often little correlation between the quality of science and the policy derived from it.” (2)

### Conceptual Frameworks

It is clear that more than the facts are at play in the task of translating data into action. In an effort to help scientists to better meet the challenges of data translation, a number of conceptual frameworks have been advanced to encompass all these variables. The frameworks seek to help epidemiologists and public health professionals better understand the processes involved and the phases or steps that must be traversed to translate data. Armed with a better grasp of the totality of elements involved, scientists and other actors can make better use of data. Now CDC scientists have weighed in with their description of the process entitled “The Knowledge To Action Framework” (1).

### Felt Need For A Framework

The authors of the report, part of a work group on data translation at the CDC, felt compelled to create their “organizing” framework when they had difficulty organizing themselves into an effective group because they lacked a common language and way of thinking about the processes involved in data translation. For purposes of their work, the authors defined translation as “...the process and steps needed and taken to ensure effective and widespread use of evidence-based programs, practices, and policies.” It is about putting knowledge from research or practice into action, according to the authors.

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*“no area has a more pressing need for bridging research and practice than the prevention and control of chronic diseases.”*

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*“...there is often little correlation between the quality of science and the policy derived from it.”*

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- Organizing Framework, continues on page 7

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-Global Warming Concerns, con't from page 1

were written in straightforward language in a Feb 2011 essay in *Climatic Change* intended for a lay audience (1) and are presented below:

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*"Melted sea ice is happening faster than the anticipated worst case."*

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**1. The essential findings of mainstream climate change science are firm.**

According to Somerville, the world is warming based on evidence of several types, including but not limited to air temperatures, ocean temperatures, melting ice, and rising sea levels. He goes on to state that human activities are the main cause because the effects of man-made carbon dioxide are stronger than natural effects from changes in the sun, both of which are measured.

**2. The greenhouse effect is well-understood.**

Simply put, carbon dioxide in the atmosphere traps heat. This is well-established. Carbon dioxide is showing a measurable increase attributable to human activities such as burning fossil fuels. The chemical evidence shows this to be a source of carbon dioxide.

**3. Climate predictions are coming true.**

According to Somerville, rising sea levels and other predicted changes are occurring. Melted sea ice is happening faster than the anticipated worst case. The stark conclusion is---"unless mankind takes strong steps to halt and reverse the rapid global increase of fossil fuel use and the other activities that cause climate change, and does so in a very few years, severe climate change is inevitable. Urgent action is needed if global warming is to be limited to moderate levels."

**4. The standard skeptical arguments have been refuted many times over.**

One such argument has to do with causes of natural climate change such as ice ages. These come and go due to changes in the Earth's orbit around the sun and take thousands of years not the decades that it has taken for the man-made changes due to the greenhouse effect.

**5. Science has its own high standards.**

Somerville here points out that science involves doing self-correcting research and publishing it in carefully reviewed science journals where the results are repeated and extended or exposed and abandoned. Persons who do not carry out these activities are wrong in claiming they are real experts.

**6. The leading scientific organizations of the world have endorsed these results.**

There is no massive conspiracy to fool everyone nor is it possible for a few minor errors in the total body of climate science findings to invalidate the reports. Somerville concludes with a plea for everyone to confront the challenge of climate change by learning what the science has discovered and accepting it.

In commenting on how science policy on climate change will have to be developed, Somerville notes that "...it will be governments that will decide , by actions or inactions, what level of climate change they regard as tolerable. This choice by governments may be affected by risk tolerance, priorities, economics, and other considerations, but in the end it is a choice that

-Global Warming Concerns, continues on page 6

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*"There is no massive conspiracy to fool everyone..."*

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# “Nothing But Good News” Says NCHS Statistician Commenting On Preliminary NCHS Vital Statistics Data For 2009

## Fewer Deaths and Record High Life Expectancy in the US

When deaths are fewer and overall life expectancy at birth is at a record high level, it is understandable why NCHS statistician Kenneth Kochanek was quoted in USA Today saying the latest results are “nothing but good news”. The latest report presents information on deaths, life expectancy, causes of death, and infant mortality. Key findings are recapped below:

### Deaths

Approximately 2.5 million persons died in the US in 2009 (2,436,682) and both the crude and age-adjusted death rates were less in 2009 compared to 2008 (2.4 and 2.3% lower respectively). Interestingly, the percent decline in age-adjusted death rates was greater in females than males in 2009, especially for whites. The decline in death rates occurred in all age groups, but declined least in those 55-64. The age-adjusted death rate of 741 per 100,000 standard population is a record low rate for the US.

### Life Expectancy

Life expectancy at birth for the total population reached 78.2 years in 2009. It is greater for females than males by 4.9 years and greater for whites than blacks by 4.3 years. The ranking of life expectancies has not changed for over 30 years with white females having the highest life expectancy followed by black females, white males, and black males.

### Causes of Death

The 15 leading causes of death remained unchanged in 2009 compared to 2008 except for suicides which exchanged ranks with septicemia from

11th position to 10th position and vice versa. However, the age-adjusted death rate declined significantly for 10 or these 15 leading causes of death. Diseases of the heart and cancer accounted for almost half of all the deaths in the US in 2009 (48%). The ranked list of causes is as follows:

- 1 Diseases of heart
- 2 Malignant neoplasms
- 3 Chronic lower respiratory diseases
- 4 Cerebrovascular diseases
- 5 Accidents (unintentional injuries)
  
- 6 Alzheimer’s disease
- 7 Diabetes mellitus
- 8 Influenza and pneumonia
- 9 Nephritis, nephrotic syndrome and nephrosis
- 10 Intentional self-harm (suicide)
  
- 11 Septicemia
- 12 Chronic liver disease and cirrhosis
- 13 Essential hypertension and hypertensive renal disease
- 14 Parkinson’s disease
- 15 Assault (homicide)

### Infant Mortality

Except for twice in 2002 and 2005, the infant mortality rate has decreased or remained the same in the US for over 40 years, and 2009 was not an exception. The infant mortality rate fell 2.6 percent to 6.42 infant deaths per live births in 2009 from 6.59 in 2008. The rate for black infants (12.71) in 2009 was 2.4 times greater than the rate for white infants (5.32).

For the full report, visit [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf) ■

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*“...the age-adjusted death rate declined significantly for 10 or these 15 leading causes of death.”*

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*“The rate for black infants (12.71) in 2009 was 2.4 times greater than the rate for white infants (5.32).”*

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*"Humanity is now committing future generations to a strongly altered climate."*

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humanity as a whole, acting through national governments, will make. Science and scientists will not and should not make that choice. After governments have set a tolerable limit of climate change, however, climate science can then provide valuable information about what steps will be required to keep climate change within that limit."

He added, "Humanity is now committing future generations to a strongly altered climate. Even beyond the current century, there are major implications for longer-term climate change. Warmer temperatures and changes in precipitation caused by carbon dioxide emissions from human activity are largely irreversible on human time scales. Atmospheric temperatures are not expected to decrease for many centuries to millennia, even after human-induced greenhouse gas emissions stop completely."

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*"Atmospheric temperatures are not expected to decrease for many centuries to millennia..."*

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Following Somerville's testimony and that of other witnesses both in agreement and disagreement, the US House subcommittee approved by voice vote a bill apparently along party lines which would prevent EPA from moving ahead with current and planned climate regulations. The fear of the effects of regulations appear to be greater than the fear of the effects of global warming.

■

### Final Details

Upon receipt of these essays, the sponsors will reimburse the writer for travel expenses incurred in coming to Edinburgh up to but not to exceed \$4,000 US. If the expenses incurred are less than the prize amount, the writer will receive the balance in cash. The copyright for the essays will belong to the People's Epidemiology Library, which will subject them after the IEA conference to an extensive peer review and eventual modification in coordination with the author.

### Deadlines

The application materials as described above should be emailed by May 1st 2011 to the Editors of the PEL, amorabia@qc.cuny.edu and j.p.vandenbroucke@lumc.nl. The decision will be made May 7th. The essays should be written by July 31st and will be made available online as soon as possible. Questions about the contest can be directed to both of the two editors above and responses will be posted on the Epi Monitor website until May 2, 2011. ■

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### Translation in Three Phases

The CDC framework recognizes three main phases in going from knowledge to action, namely research, translation, and institutionalization. Obviously, the first phase is to produce the evidence without which the need for translation would not arise in the first place. With evidence in hand, and here the authors refer specifically to evidence of efficacy for an intervention of some type and not etiologic evidence, the translation phase can begin directly.

### Six Steps

Steps in this phase include making the decision to translate, transforming scientific knowledge into actionable products, developing appropriate supporting structures, and disseminating evidence-based practices and programs to potential adopters.

What stands out in the CDC framework on translating evidence of the efficacy of interventions is the call for more interactions between the practice-based users of evidence and the initial producers of evidence in a feedback loop intended to use the lived-experience of field personnel to refine or modify existing interventions to make them more effective or "fit for the field".

Another distinguishing feature of the CDC framework is the highlighting of the need to be more intentional about any "go" or "no-go" decision to translate evidence into practice based on the quality of the evidence and/or the public health need for action. According to the CDC group, this decision needs to be more active than passive to promote success.

Other frameworks that have been presented for epidemiologists include one from Brownson and colleagues who borrowed from a 1983 volume on policy analysis to identify a six-stage policy analysis process (2). For epidemiologists, this six stage process is akin to what is recognized as the public health approach, namely 1) surveillance to identify problems, 2) research to understand the causes, 3) design and choice of intervention to address the problem, 4) implementation of the intervention, 5) evaluation, and 6) reframing the problem based on results.

### Recommendations

Considering this multi-stage process, the paper by Brownson identifies major challenges to effective translation and recommends ten specific actions to take to make more effective use of data. These recommendations are:

#### 1. Understand the complexity and drivers in decision making.

This recommendation for scientists is based on "market research" revealing that if decision makers are to buy what scientists are selling, then transparency of methods, plausibility of the analysis, credentials, impartiality, track record, honesty, and involvement of stakeholders and policymakers are all important to address.

#### 2. Find a way to be involved in the process.

There is a need not only to involve end users in the research process but for researchers to involve themselves in the policy process. Without scientists' involvement, information from less disinterested sources may prevail. This

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- *Organizing Framework, con't from page 7*  
message echoes a key recommendation from the CDC authors to increase the interactions between data producers and data users.

### **3. Communicate information more effectively.**

Tips here include making data locally relevant, graphically appealing, and personally relevant through narrative or story telling.

### **4. Make better use of analytic tools**

Recommended tools are systematic reviews, economic evaluations, and health impact assessments.

### **5. Educate staffers on science**

Legislative staffers can be sophisticated consumers of scientific information and are influential with elected officials. Time spent bringing them along can pay off with the decision makers.

### **6. Develop systems for policy surveillance**

Performing surveillance of policy initiatives can provide a kind of evaluation data that can be effective in shaping policy.

### **7. Conduct policy research**

There are different forms of research that focus on policy matters and this work can be fruitful if influential study designs such as case studies are used.

### **8. Improve training and education programs**

Scientists are trained more in analytic skills than in applied skills such as working with the media. More applied training is recommended.

### **9. Build appropriate trans-disciplinary public health teams.**

Coalitions and partnerships are needed to fill the many roles needed for successful problem solving in public health.

### **10. Cultivate political champions**

This recommendation recognizes the potential value of having someone on the inside of decision making organizations to build support for policy actions supported by evidence.

According to Brownson, public policy making is a common responsibility and obligation shared by epidemiologists and other actors in the decision making process, and it is possible for epidemiologists to balance the rigors of science with the need for advocacy and political action. ■

(1) *Prev Chronic Dis* 2011; 8(2).

[http://www.cdc.gov/pcd/issues/2011/mar10\\_0012.htm](http://www.cdc.gov/pcd/issues/2011/mar10_0012.htm)

(2) *Am J Prev Med* 2006; 30(2): 164-172

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# Cochrane Review Finds That Risk Is Perceived And Weighed Differently When Presented As Relative Rather Than Absolute

## Response Is The Same For Health Professionals And The Public

A systematic review by members of the Cochrane Collaboration has found that persons presented with risk information in different formulations will change their risk decisions depending on which type of framing of the risk is used. (1)

In a review of 35 studies and over 80 comparisons between relative risk reductions, absolute risk reductions, and number needed to treat, risk presented in relative terms was judged to be larger and had a greater persuasive effect on readers than risk presented in absolute terms. Relative risk was also interpreted as larger and more persuasive than number needed to treat. Interestingly, there was no difference in processing risk estimates between health professionals and non-health professionals.

According to the authors of the report, "the implications for clinical and public health practice are limited by the lack of research on how these alternative presentations affect actual behavior. However, there are strong logical arguments for not reporting relative values alone, as they do not allow a fair comparison of benefits and harms as absolute values do." ■

(1) Akl EA, Oxman AD, Herrin J, Vist GE, Terrenato I, Sperati F, Costiniuk C, Blank D, Schünemann H. Using alternative statistical formats for presenting risks and risk reductions. *Cochrane Database of Systematic Reviews* 2011, Issue 3. Art. No.: CD006776. DOI: 10.1002/14651858.CD006776.pub2.

### ASSISTANT PROFESSOR

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a full-time faculty position at the level of Assistant Professor. This position is available immediately and requires a doctoral degree in epidemiology, and extensive experience of the epidemiology of Type 1 diabetes and its complications, and be proficient in the analyses of large cohorts based data bases. The successful candidate will be responsible for developing research relevant to study the epidemiology of and prevention Type 1 diabetes complications, particularly cardiovascular. The individual will help develop a multicenter vitamin E trial for CVD prevention in a genetically subgroup of Type 1 diabetes participants, submit independent research grants, publish manuscripts and be responsible for all aspects of large epidemiologic studies including staff training and supervision, protocol adherence, quality control, participant follow-up, and data collection, management, and analysis. The successful candidate will also contribute to teaching within the epidemiology program. This position is outside of the tenure stream and is funded by grants from the National Institutes of Health. Salary will be commensurate with experience. Applications will be reviewed until position is filled. Send letter of intent, curriculum vitae, and the names of three references to: Position #0128678, c/o D. Bushey, Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA 15261. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

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Send letter of intent, curriculum vitae, and the names of three references to: Position #0117013, c/o D. Bushey, Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA 15261.

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IN	Bloomington	IN U	Faculty-Epi	PHD	Kristi Wasson	803/855-6541	ktanksle@indiana.edu	oao 02/25/11
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Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 03//02/11
Canada	Montreal	McGill University	Cancer Epi	PHD	Armen Aprikian	514/934-8353	lina.maglieri@muhc.mcgill.ca	oao 02/16/11
Canada	Montreal	McGill University	Postdoctoral Pos.	PHD/equiv	Eduardo Franco	*514/398-5002	eduardo.franco@mcgill.ca	oao 02/16/11
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 03//23/11
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 03//15/11
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Canada	Toronto	OAHPP	Epi - Hos Infection	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 03//23/11
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Canada	Fredericton	New Brunswick Cancer	Biostatistician	Masters in Biostat	Amanda Carroll	506/444-2360	www.gnb.ca/03/63/employ-e.asp	oao 02/24/11
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD	Amanda Carroll	506/444-2360	www.gnb.ca/03/63/employ-e.asp	oao 02/24/11
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IEA WORLD CONGRESS OF EPIDEMIOLOGY  
Edinburgh, Scotland 7-11 August 2011

## DESTINATION: EDINBURGH

*Early Registration Deadline – April 29, 2011*  
<http://www.epidemiology2011.com/register.html>

### *Social Programmes at the Congress*

#### Welcome Reception

Sunday, 7th August 2011 1800hrs – 1930hrs

Strathblane & Cromdale Hall, Edinburgh International Conference Centre.

*The Welcome Reception will take place at the meeting venue. This is an informal evening open to all delegates at no extra cost. Please indicate that you wish to attend on your registration form.*

#### Congress Party

Wednesday, 10th August 2011 2000hrs – 2330hrs

Strathblane & Cromdale Halls, Edinburgh International Conference Centre

*A congress party will be held at the Edinburgh International Conference Centre on Wednesday evening. This will be a fun filled evening with food, drink and lots of entertainment.*

*This evening is open to all delegates and their guests at a fee of £25 and must booked be prior to the Congress. Please choose the option to attend and number of guest tickets you require on your registration form.*

#### Medical Walking Tour

*We offering delegates and their guests the chance to sign up to a Medical Walking Tour of the city, the tour takes 90 minutes and leads you through 500 years of medical history in the Scottish Capital from the foundation of the Incorporation of Barber-Surgeons in 1505 to the recent arrival of bionic limbs and Dolly the Sheep.  
Times listed on the congress website at [www.epidemiology2011.com](http://www.epidemiology2011.com).*

### Edinburgh Tourist Information

Edinburgh, Scotland's capital is a truly beautiful, compact and safe city, ideal for exploring on foot. It is vibrant, modern and dynamic, bustling with life and enterprise.

As a World Heritage site, it is famous for its castle perched on a volcanic rock just a few minutes walk from where the congress will be held. There is also a plethora of stunning architecture and wonderful galleries, museums and theatres

Plan your time in Edinburgh or extend your stay in Scotland. This website from Edinburgh Convention Bureau provides listings for bus tours, pubs & restaurants, shopping and golf courses and adventure packed activities – you'll be spoilt for choice!

<http://www.experienceedinburgh.org/>  
<http://www.edinburgh-inspiringcapital.com/>

We are also pleased to offer delegates a special discount for bus travel with Edinburgh & Lothian buses. This entitles you to reduced fares on both the Airlink bus ticket and the city sightseeing bus tours. Click on the link below to book and print your tickets before you arrive in the city!

<https://kiosk.iristickets.co.uk/k?lothianbuses&ECB&ka=ECB&TRACKER=ECB&promo=ECB>

### Immediately After The Congress

**Edinburgh International Festival** August 12 - September 4 <http://www.eif.co.uk/>

The Edinburgh International Festival is one of the most exciting, innovative and accessible festivals of the performing arts in the world.

The Festival runs from August 12 to September 4, 2011.

IEA  
Congress  
2011

## 3rd North American Congress of Epidemiology June 21st - 24th Montreal, Canada

Le Centre Sheraton Montreal

### PLENARY SESSIONS

The Congress will open each morning session of the three-day meeting with a plenary session.

The following individuals will be presenting during those sessions:

- Patricia Buffler, University of California at Berkeley
- Ward Cates, Family Health International
- John Frank, Medical Research Council
- Muin Khoury, Office of Public Health Genomics, CDC
- Jonathan Samet, University of Southern California
- Allen Wilcox, National Institutes of Health, NIEHS

### SYMPOSIA

The Congress will showcase over 30 symposia in four afternoon sessions on Wednesday, Thursday and Friday, June 22-24, 2011.

### SPOTLIGHT SESSIONS

Concurrent Spotlight Sessions are organized from submitted abstracts by topical experts in a wide range of areas, including cancer, epidemiologic methods, social epidemiology, infectious disease and others.

### PRECONFERENCE WORKSHOPS - June 21, 2011

The various Preconference Workshops provide an opportunity for registrants to develop more in-depth knowledge and, in some cases, skills than is possible in Plenary, Symposia, Spotlight, or Poster Sessions.

### STUDENT/POST-DOC ACTIVITIES

Students are encouraged to attend and especially welcome at the 3rd North American Congress of Epidemiology.



### REGISTRATION

#### DEADLINES:

Early Bird - April 20, 2011

Regular - June 17, 2011

Onsite - June 21-24, 2011

[www.epicongress2011.org](http://www.epicongress2011.org)

## 29TH ANNUAL GRADUATE SUMMER INSTITUTE OF EPIDEMIOLOGY AND BIostatISTICS

Johns Hopkins Bloomberg School of Public Health

JUNE 13 – JULY 1, 2011

### 2011 Course Offerings\*

#### TWO AND THREE-WEEK COURSES

Principles of Epidemiology  
Observational Epidemiology  
Statistical Reasoning in Public Health I  
Statistical Reasoning in Public Health II  
Epidemiology of Tobacco Control

#### ONE-WEEK COURSES

Applications of the Case-Control Method  
Methods and Applications of Cohort Studies  
Design and Conduct of Clinical Trials  
Bayesian Adaptive Trials  
Conducting Epidemiological Research  
Perspectives on Management of Epidemiologic Studies  
Topics in Clinical Trials Management  
Comparative Effectiveness Research:  
Outcome Measurement  
Pharmacoepidemiology  
Biostatistics in Medical Product Regulation  
Introduction to the SAS Statistical Package  
Longitudinal Data Analysis  
Data Analysis Workshop I  
Data Analysis Workshop II  
Advanced Data Analysis Workshop III  
Survival Analysis

Biostatistics Analysis of Epidemiologic Data I:  
Logistic Regression

Biostatistics Analysis of Epidemiologic Data II:  
Poisson and Conditional Logistic Regression  
Analysis

Biostatistics Analysis of Epidemiologic Data III:  
Semiparametric Methods

Family Based Genetic Epidemiology  
Molecular Biology for Genetic Epidemiology  
Genetic Epidemiology in Populations  
Gene Expression Data Analysis

Infectious Disease Epidemiology  
Public Health Dimensions of Global Tuberculosis  
Control

Epidemiology of HIV/AIDS  
Advanced Issues in HIV/AIDS  
Social Epidemiology

Multilevel Models  
Epidemiologic Applications of GIS

Nutritional Epidemiology  
Introduction to Diabetes and Obesity Epidemiology  
Epidemiology in Evidence Based Policy  
Epidemiologic Methods for Planning and Evaluating  
Health Services

Ethics Issues of Human Subjects Research  
in Developing Countries

#### ONE-DAY WORKSHOPS

Critical Reading of Epidemiologic Literature  
Methods for Clinical and Translational Research

#### DIRECTOR:

Moyses Szklo, MD, DrPH, MPH

#### THE INSTITUTE WILL BE HELD AT:

Johns Hopkins  
Bloomberg School of Public Health  
Baltimore, Maryland

#### FOR INFORMATION, PLEASE CONTACT:

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BLOOMBERG  
SCHOOL of PUBLIC HEALTH

\*Course offerings and faculty are subject to change. Proficiency in English language is required.

## Public Health Surveillance Course

Directed by: Philip S. Brachman, M.D.

This course is scheduled from **May 2 - 6, 2011**. It is a comprehensive up-to-date course on public health surveillance and includes discussions of the history, planning, data sources and collection, analysis and data interpretation, communication, evaluation, ethical and legal issues, state and local issues, and issues in developing countries as concerns public health surveillance. Tuition: \$675, fee includes textbook and course materials. Meals and housing extra. Classes will be held at Emory University in Atlanta, Georgia and will be taught by **Emory University** professors and the **Centers for Disease Control and Prevention (CDC)** experts.

### Other training courses available:

- Epidemiology in Action (May 16 - 27, 2011)
- Epi Info: Basic Level (May 26 - 28, 2011)
- Epidemiology in Action: Intermediate Level (May 31 - June 3, 2011)

Contact: Pia Valeriano, MBA, Program Manager

Phone 404-727-3485; Email: pvaleri@emory.edu

Website: <http://www.sph.emory.edu/EPICOURSES>



UNIVERSITY AT ALBANY

State University of New York

Associate Professor

Department of Epidemiology and Biostatistics  
School of Public Health

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The School is also affiliated with Albany Medical Center, one of the oldest private academic medical centers in the nation, and Bassett Healthcare, an integrated health care system that provides services to residents of an eight county rural region in upstate New York.

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Additional information about the position and the department may be found at [www.albany.edu/sph](http://www.albany.edu/sph)

Review of applications will begin on April 1, 2011 and will continue until the search is completed. To apply, send a curriculum vitae and the names of three references to

Ms. Nicole Malachowski

Department of Epidemiology and Biostatistics

School of Public Health, SUNY-Albany

1 University Place, GEC 130

Rensselaer, NY 12144

## EPIDEMIOLOGY AT BROWN UNIVERSITY

### FACULTY POSITIONS

Brown University's Public Health Program in Providence, Rhode Island is continuing a major multiyear expansion including the development of a new Department of Epidemiology. Three positions are available for talented faculty who will help establish this new department in a leading university. These positions require evidence of an independent program of research and experience teaching epidemiology at the graduate level.

#### Full or Associate Professor (tenured) FM-11-5

specializing in molecular epidemiology

#### Assistant / Associate / Full Professor (tenure-track / tenured) FM-11-3

specializing in epidemiologic methods

#### Assistant / Associate / Full Professor (tenure-track / tenured) FM-11-6

specializing in environmental epidemiology

Interested candidates should submit a letter of application and curriculum vitae.

Applicants at the Assistant Professor level should also submit three letters of reference.

Please refer to the search number (FM#) in your application.

Send to:

Stephen Buka, Sc.D.

Epidemiology Section Head

Attention: Dawn Goodman

Brown University, Box G-S121-2

Providence, RI 02912

Visit <http://publichealth.brown.edu/faculty/employment>

for additional information regarding these positions



BROWN

*Brown University is an Equal Opportunity/Affirmative Action Employer, and actively solicits applications from women and minorities.*



**Chief, Surveillance Systems Branch  
Surveillance Research Program  
Division of Cancer Control  
and Population Sciences**

The National Cancer Institute, located within the National Institutes of Health (NIH), Department of Health and Human Services (DHHS) is accepting applications for the position of Chief, Surveillance Systems Branch (SSB) to provide leadership for this program that researches and reports public health data. SSB manages the **Surveillance, Epidemiology, and End Results (SEER) Program**, an authoritative population-based system of cancer data collection and reporting. The Branch conducts research and developmental activities related to the surveillance of cancer patterns in the United States in order to monitor progress against cancer. It also conducts analyses, and provides interpretation of the data. SSB actively consults with other government, private, and public organizations; prepares regular reports, geographical summaries, and journal articles; and responds to many requests for information on national cancer statistics. The Branch includes a Quality Improvement team that conducts studies to evaluate the quality and completeness of registry data, and promotes adherence to national and international standards.

SEER has served as a premier resource for decision-making related to cancer for over 30 years. The challenges of the next decade include changes in infrastructure, resources, and policy. For example, we anticipate expansion of information technology systems for data management and eHealth applications and continued development of a national cancer surveillance enterprise, working through partnerships with both public and private organizations.

The successful candidate must have experience in biostatistics, management of multi-center research studies, and organization of collaborative biomedical research. Of particular interest are the candidate's achievements within professional or other collaborative organizations through participation in and leadership of goal-oriented groups and committees. Experience in epidemiology, operations research, and cancer research is not mandatory but desired. Analytic skills are required, as demonstrated by published articles in peer-reviewed journals. Knowledge of computer systems and software development is desirable, but not required. This position is subject to a background investigation and U.S. citizenship is required. Salary \$123,000 - \$155,500. Located in Rockville, MD, near Washington, DC. Excellent benefits. DHHS and NIH are equal opportunity employers. Please send a cover letter briefly summarizing your experience and interests along with your CV to Judith Swan at [js60v@nih.gov](mailto:js60v@nih.gov), Surveillance Research Program, National Cancer Institute, 301-435-4958.

<http://seer.cancer.gov/>

<http://surveillance.cancer.gov/>







Statistician, Tenure-Eligible or Tenure-Track Investigator Position, National Cancer Institute (NCI), National Institutes of Health (NIH), Department of Health and Human Services (DHHS)

The Radiation Epidemiology Branch (REB, <http://dceg.cancer.gov/reb>), Chief, Dr. Martha Linet, a component of NCI's intramural Division of Cancer Epidemiology and Genetics (DCEG), is recruiting a statistician to develop an independent research program focusing on development of statistical models that incorporate dose uncertainties, that provide cancer risk projections for low-dose exposures, that can be used to estimate radiation-induced lifetime risks, that quantify the effect of key modifiers on radiation-related cancer risks, or that provide mathematical formulations of biological models for radiation carcinogenesis.

Current REB research includes studies of late effects of radiological diagnostic examinations, radiotherapy, occupational exposures, or nuclear fallout from above-ground tests, military sources (Japanese atomic bomb survivors) or radiation accidents (Chernobyl). REB is also evaluating late health effects of new radiation technologies in medicine including the estimation of doses, extremely low-frequency and radio-frequency electromagnetic field exposures, and ultraviolet radiation. In addition, REB studies are examining gene-radiation interaction in studies of breast and thyroid cancer, etiologic and genetic studies (including genome-wide association studies) of brain tumors and thyroid cancer, and the development of various strategies for reconstructing historical radiation doses of medical radiation workers and populations exposed to environmental, military, and accidental sources of radiation exposure. Challenges for the statistician include modeling the excess relative and absolute risk as a function of dose, evaluating the modifying effects of dose-rate and type of radiation, addressing effects on risk estimates of uncertainties from complex dosimetry systems, developing appropriate analytic approaches for special study designs, identifying and describing gene-environment interaction, and developing strategies to identify true associations in genome-wide scans for disease-producing genetic variants. REB investigators are encouraged to collaborate with scientists in other parts of the DCEG, including members of the Biostatistics Branch and the Human Genetics Program.

Candidates must have a doctorate in biostatistics, statistics, mathematics or a related discipline (with additional post-doctoral experience in statistics). They must have at least two years of post-doctoral research experience and an established record of publications that demonstrates their ability to apply cutting edge, appropriate statistical models and analyze and interpret data from radiation epidemiology studies. They should also have knowledge of and demonstrated capacity to apply state-of-the-art statistical and epidemiologic methods in at least one of the following areas of research: risk assessment, measurement (dosimetry) errors, genetic susceptibility in relation to radiation carcinogenesis, or mechanisms of radiation carcinogenesis. Collaboration with epidemiologists, dosimetrists, health or medical physicists, radiologists, and laboratory investigators is central to the success of our research. Candidates must document the strong verbal and written communication skills that will be required to write effective research papers, present work at scientific meetings, and convey information clearly to staff, collaborators, consultants and contractors. Candidates must also be sufficiently experienced to function independently, both in the development of their own research efforts and in the mentoring and supervision of less experienced investigators. Appropriate office space and resources will be provided.

Salary is competitive and commensurate with research experience and accomplishments, and a full Civil Service package of benefits (including retirement, health insurance, life insurance, and a thrift savings plan) is available. Candidates may be eligible for the NIH Loan Repayment Program (<http://www.LRP.NIH.gov>). This position is not restricted to U.S. citizens. Interested individuals should send a cover letter, curriculum vitae, brief summary of research interests, experience and future plans, copies of no more than 5 selected publications and three letters of reference to:

Ms. Judy Schwadron  
Division of Cancer Epidemiology and Genetics  
National Cancer Institute  
6120 Executive Blvd., Room EP5 8073  
Rockville, MD 20852-7242  
Email: [jschwadri@mail.nih.gov](mailto:jschwadri@mail.nih.gov)

The closing date of the advertisement is April 15, 2011. A completed package of your application is required in order to be considered for this position.

DHHS and NIH are Equal Opportunity Employers



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Protecting Health, Saving Lives – *Millions at a Time*

## Faculty Position Department of Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a position at the rank of Assistant Scientist in the Clinical Trials area of concentration.

Applicants should hold a PhD in Epidemiology, Biostatistics or related health field with at least three years of experience in research project management, supervision, and grant preparation. Proficiency in technical writing and knowledge of systematic reviews and clinical trials methodology is required. The successful candidate will have a leadership role in the work performed as part of the Cochrane Collaboration, including work on current grants related to the Eyes and Vision Group. These projects, funded by the NIH (National Eye Institute), are critical to the larger international Cochrane Collaboration.

The successful candidate will:

- lead special projects that are part of our funded research activities;
- coordinate teams preparing systematic reviews for publication;
- advise on methodological and statistical issues related to systematic reviews and clinical trials;
- develop training materials and workshops related to evidence-based healthcare and systematic reviews;
- prepare project reports.

The candidate appointed to this position will also work closely with the Director of the US Cochrane Center and Director of the Center for Clinical Trials on various research studies, including: applications for funding; preparing reports as needed for the institutional review board and sponsors; and data collection, analysis, and publication. The successful candidate will also have the opportunity to participate in teaching activities conducted by the Cochrane group and within the Clinical Trials area of concentration.

The search will remain open until the position is filled. However, applications received by March 1, 2011 will be included in the initial review. Interested applicants should send their curriculum vitae and the names of three references to:

David Celentano, ScD, MHS  
Professor and Chair  
Department of Epidemiology  
Johns Hopkins Bloomberg School of Public Health  
615 N. Wolfe Street, Room W5010  
Baltimore, Maryland 21205  
or online to [rbgray@jhsph.edu](mailto:rbgray@jhsph.edu)

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## NRSA T32 Postdoctoral Fellowship Interdisciplinary Women's Reproductive Health

The University of Texas Medical Branch in Galveston, TX is accepting applications for one postdoctoral fellow interested in pursuing an academic career in women's health research. This 2-year NIH funded fellowship provides formal and informal training in theory and methods as well as practical experience in conducting clinical research. Program faculty include national experts in statistics, epidemiology, and women's health who can offer many opportunities to participate in data analysis, manuscript preparation, and grant writing in a collaborative environment.

Who may apply: Applicants who have completed a MD, PhD, or equivalent degree in a discipline related to women's health. Must be US citizen, non-citizen national or permanent resident and able to commit full time effort to the program for 2 years.

To apply, send 1) a personal statement including career goals, a brief description of proposed research, and how this training will help achieve your career goals; 2) a current CV; and 3) 3 letters of reference to:

Abbey Berenson, MD, MMS at [abberens@utmb.edu](mailto:abberens@utmb.edu) or Dan Freeman, PhD at [dfreeman@utmb.edu](mailto:dfreeman@utmb.edu)

### 7th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology

The Epidemiology Branch of the *Eunice Kennedy Shriver* National Institute of Child Health & Human Development (NICHD) and CIHR's Institute of Human Development, Child and Youth Health (IHDCYH) are pleased to announce their 7th annual Summer Institute in Reproductive and Perinatal Epidemiology. The Institute will be held from July 17-22, 2011, at the Sheraton Society Hill Hotel, Philadelphia, Pennsylvania. We invite applications from doctoral students and clinical fellows enrolled in a graduate research degree program, and who are planning to pursue in a research career in reproductive or perinatal epidemiology. The Summer Institute is open to participants from the US, Canada, and low- and middle-income countries. The week-long Summer Institute will provide substantive and methodologic training in human fecundity and fertility, pregnancy complications, maternal health, and fetal and infant outcomes, as well as promising new approaches for studying these issues. A combined didactic and case-based curriculum will be offered by faculty affiliated with NICHD and IHDCYH.

Up to 20 qualified students will be selected. Participants will be awarded a stipend of up to \$1,500 USD to cover travel expenses; in addition, lodging and meals will be covered by NICHD and IHDCYH. Eligible students and fellows are invited to submit a brief (2-page) cover letter stating their professional status and goals with regard to reproductive and perinatal epidemiology, curriculum vitae (maximum of 2 pages), and two letters of support. All documents must be received by April 16th, 2011. Applications will be reviewed by an Institute faculty committee with regard to: 1) personal statement of professional research interests and career plans; 2) evidence of graduate-level training in epidemiology and biostatistics; and 3) letters of support. Unsuccessful applicants for the 2010 Summer Institute can resubmit their 2010 letters of support (if still applicable). Priority will be given to students/fellows with demonstrated excellence in this field, including practical research experience and peer-reviewed publications. Selections will be made by May 16th, 2011.

For more information on the 7th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology, please visit the IHDCYH website at: <http://www.cihr-irsc.gc.ca/e/35611.html>

Applications should be submitted electronically to Anick Lambert (CIHR-IHDCYH)  
E-mail address: [IHDCYH-IDSEA@cihr-irsc.gc.ca](mailto:IHDCYH-IDSEA@cihr-irsc.gc.ca); Telephone: 514-412-4414



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