Join us June 21st through 24th in Montreal, Canada for the Third North American Congress of Epidemiology.

Epidemiologic researchers, educators, and policy makers from academia, public health, government, and industry are invited to come together at the Third North American Congress of Epidemiology. The Congress aims to showcase and promote the diversity of study, practice and policy within epidemiology as a whole, and has no theme other than “epidemiology”. This meeting is held only once every five years and provides an unique opportunity to interact with a diverse group of epidemiologists from 25 professional societies. The meeting will include plenary addresses from visionary leaders; symposia addressing emerging issues cutting across topical fields; spotlight and poster sessions selected from submitted abstracts; and awards for a variety of accomplishments in our field.

SER is one of the four main sponsoring societies for the Congress. Members of SER receive discounted registration for the meeting. Come participate in the different sessions which cover topics of Cancer, Genetics, Methods, New Context for Epidemiologic Research, Pediatric/Life Course, Policy, Social, and more. Visit www.epicongress2011.org for full details on the Congress program. This is a meeting you won’t want to miss. We look forward to seeing you in Montreal this June.

**Third North American Congress, Montreal**

**Congress Information**

**CONGRESS 2011**
June 21st - 24th
Montreal, Canada
Le Centre Sheraton Montreal

**REGISTRATION DEADLINES:**
Early Bird - April 20, 2011
Regular - June 17, 2011
Onsite - June 21-24, 2011
www.epicongress2011.org

**PRECONFERENCE WORKSHOPS:**
June 21, 2011
Morning—8:30-12:30
Afternoon—1:00-5:00
www.epicongress2011.org/reginfo.html

**EXHIBITOR REGISTRATION:**
Deadline: May 1, 2011
www.epicongress2011.org/exhibitors.html

**HOTEL ACCOMODATIONS:**
Deadline: May 26, 2011
www.epicongress2011.org/accom.html

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**SER ELECTIONS - NOW OPEN**

Ballots for 2011 elections are available online at: www.epiresearch.org. Vote online now for your chance to win one of three **free memberships**! Candidate statements can be found on pages 8-11. We are electing two candidates for member at large this year.

**Deadline for voting is Monday, May 23, 2011.**
Epidemiology in the world: are we still evolving?

Any official history of our discipline will tell you that its origins were in the infectious disease epidemics that once and still scourge the planet. Every epidemiology student learns about John Snow and the Broad Street pump. Many like to refer to this as ‘shoe leather’ epidemiology-- getting out in the field with the people you are studying. Many of our concepts and methods are derived from this history and form the basis of our prevention efforts such as vaccinations and environmental controls. Our efforts to strengthen our technical capabilities in biology and methods are succeeding remarkably well as we diligently integrate genetics and advanced statistical approaches into epidemiologic studies.

Are we succeeding in making the world healthier?

WHO lists the five leading risks for mortality as: high blood pressure, tobacco use, high blood glucose, physical inactivity and overweight and obesity. These global health risks emerge from environmental pollution and behaviors that are shaped by modern post-industrial social structures. If these trends persist--and there is no reason to think they won’t—we are facing a tsunami of increasing chronic diseases that disable before they kill and cost billions to manage and treat. We can see the consequences already in policies proposed to rein in health care costs and reduce pensions.

The world is aging. Underlying rapid global aging is declining-below replacement fertility -- and increasing life expectancy. Life expectancy at birth increased by 21% since 1950 worldwide-- a larger gain in 60 years than seen in the previous 6000. Combined with global increases in chronic conditions such as diabetes, obesity and hypertension, these form a perfect storm that may engulf both developed and developing countries unless effective and often painful policies are enacted. This context calls for collaborative and interdisciplinary thought and action by policy makers and scientists, among others. Decisions about policies and program that will have a profound impact on population health will often be made without our scientific advice.

Evolution involves change and it involves risk of failure, features often avoided by scientists and nonscientists. The Third North American Congress is intended to showcase and promote the diversity in our field. Symposia will address cancer, genetics, methods, pediatrics, social factors and policy issues. Plenary speakers will present their views on key topics in our field. Student lead activities have long been a strength of SER and will remain so at the Congress.

At the Congress (and beyond), we will have the opportunity to extend across our neighbor’s boundaries and continue our evolution. As President of SER, I invite you to attend and make it happen.
SER-SPC President’s Corner continued...

Grant Writing Workshop

Aimed at those submitting a first or early career epidemiologic research proposal, this workshop will address multiple aspects of how to develop a successful grant application for research applications submitted to the National Institute of Health (NIH) and the Canadian Institute of Health Research (CIHR).

Intermediate SAS Training Workshop

This workshop will focus on imputation techniques and theories using SAS. It will be lecture based and participants will learn how to use the MI and MIANALYZE procedures for multiple imputation and subsequent analyses with imputed data sets. A SAS Institute book will be provided for participants.

Career Choices Workshop: Figure out where you want to work and how to get there

This workshop will highlight a set of career panels to give an overview of the settings where epidemiologists are often employed (academia, government, consulting and industry) to help job seekers determine which setting(s) are a good fit for them. Panelists from each setting will address three main themes: characteristics of the setting, getting a job there, and lessons learned from the field.

Morning Sessions – “Breakfast with leading epidemiologists”

These sessions give participants an opportunity to meet informally with senior epidemiologists from domestic and international academic, government, and industry-based research groups, to discuss specific interests, work opportunities, and to seek advice in particular areas. A finalized list of speakers and topics will be posted on the Congress website soon. There will be 6 concurrent morning sessions each on Wednesday June 22nd and Thursday June 23rd. Registration will be onsite.

Lunch Time Sessions - “Meet the editors of epidemiology journals”

We will have 2 amazing lunch time sessions with editors of major epidemiology journals at the Congress. On Wednesday June 22nd, we have assembled a panel of editors from major cancer epidemiology journals (Cancer Epidemiology Biomarkers and Prevention, Cancer, Cancer Research, and the Journal of the National Cancer Institute). On Thursday June 23rd, we have assembled editors from the major epidemiology journals (American Journal of Epidemiology, Epidemiology, International Journal of Epidemiology, Annals of Epidemiology, American Journal of Public Health, and Pharmacoepidemiology and Drug Safety). Panelists will discuss the ins and outs of publishing. They will also discuss useful nuanced aspects of the publishing process, such as: selecting a target journal, preparing a cover letter, and adhering to journal guidelines. Registration will be onsite.

Guided Poster Tours

We will also be arranging guided poster tours, grouped by theme (e.g., cancer, environmental health, infectious diseases). Additional information will be posted on the Congress website soon and registration will be onsite.

As members of the SER-SPC, we want to make attending the Congress as reasonable as possible and have a number of options available to you which you are welcome to avail yourself to. These include:

- Waived Congress registration fee by volunteering to work at least 10 hours during the Congress.

Additional information regarding this will be listed on the Congress website by April 10th (http://www.epicongress2011.org/students/index.html).

- A room sharing information portal on the SER SPC website to facilitate hotel room sharing at the Congress for SER SPC members (http://www.epiresearch.org/meeting/roomshare.html).

Please check the Congress website frequently for updates regarding all student and post-doc related activities: (http://www.epicongress2011.org/students/index.html). As always please feel-free to e-mail me (ser.sc1@gmail.com) with your questions or suggestions to make this Congress and next year’s meeting in Minneapolis a success! I look forward to seeing you in Montreal.

Regards,
Edgar P. Simard

Edgar Simard
SPC President
Columbia University
Dept of Epidemiology
New York, New York
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
- Muhu 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. Symposia can cover a wide range of topics, from the latest in theoretical methods to public health policy.

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
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. Workshops are led by individuals with exceptional relevant expertise. Workshops will be held on June 21, 2011, in the conference hotel.

STUDENT/POST-DOC ACTIVITIES
Students are encouraged to attend and especially welcome at the 3rd North American Congress of Epidemiology. The Student/Post-Doc Activities Committee has taken the lead in ensuring Congress activities are inclusive of and relevant to the students. Attend the preconference workshop for students on GRANT WRITING, INTERMEDIATE SAS TRAINING, and CAREER CHOICES. Other activities include, BREAKFAST WITH LEADING EPIDEMIOLOGISTS, LUNCH TIME MEET THE EDITORS SESSION, GUIDED POSTER TOURS, and more.
SER Symposia

The SER annual meetings provide several different types of scientific presentation formats, including poster sessions, round tables, plenary sessions, spotlight sessions and symposia. Symposia are sessions of 90 minutes organized around a specific topic, with 3 to 5 invited speakers, one of whom may often be a discussant. Symposia differ from spotlight sessions in that the latter are talks organized around a theme, but drawn from submitted abstracts. For symposia, on the other hand, the organizer contacts potential speakers and recruits them to the session. In some cases, such as for experts outside of epidemiology who would not normally attend the SER meeting, the organization provides some subsidy for the invited speakers’ travel and expenses. The symposia are selected each year by the SER governing council, with an eye toward the quality and creativity of the proposal, as well as an effort to provide representation from diverse epidemiologic subfields. Individuals who wish to organize symposia respond to a call for submissions, usually issued early in the calendar year, and submit their proposals for consideration. The organizers are then selected in March or April, and have a few months after notification of the selection to finalize the speaker list and talk titles.

For the 2011 meeting in Montreal, the Epidemiology Congress includes multiple North American organizations, each of which will organize some symposia. Therefore, the usual slate of symposia will not be offered this year by SER, which can instead only sponsor two. Other symposium proposals are submitted directly to the Congress organizing committee this year, and will be selected through a different process. The two SER-sponsored symposia for 2011 will be “Epidemiologic Methods are Useless: They Only Give you Answers” (Miguel Hernan and Jay Kaufman) and “Beyond Brenner: Pursuing a New Understanding of the Impact of Macroeconomics Fluctuations on Population Health” (Lisa M Bates and Sandro Galea). Both touch on timely topics and involve presentations by invited panelists who are both exceptional scientists and engaging speakers. Additionally, the first of these symposia is co-sponsored by the journal “Epidemiology”, whose editors organize a symposium at SER every year. These talks are then edited and reproduced as essays in the print edition of the journal.

SER Travel Scholarships—Congress

SER offered eighteen travel scholarships to our Student and Postdoc members to attend Congress in Montreal, Canada. Applicants were required to have submitted an abstract for the Congress Meeting, submit a short essay on their financial needs, interest in attending Congress, and describe their research interest. Sixty-one applications were submitted. Congratulations to the following individuals who were awarded these scholarships:

1. Ban Al-Sahab—York University, Canada
2. Susanne Hansen—University of Copenhagen, Denmark
3. Theresa Hastert—University of Washington, FHCRC
4. Peter James—Harvard School of Public Health
5. Kiarri Kershaw—Northwestern University
6. Katrina Kezios—Columbia University
7. Erin Kreiter—University of Alberta, Canada
8. Lareina La Flair—Johns Hopkins Bloomberg School of Public Health
9. Cindy Leung—Harvard School of Public Health, Dept. of Nutrition
10. Jennifer Lund—University of North Carolina at Chapel Hill
11. Genevieve Monsees—University of Washington, FHCRC
12. Elizabeth Ogburn—Harvard University, Dept. of Biostatistics
13. Anne Ording—Aarhus University, Denmark
14. Eyal Oren—University of Washington, Dept. of Epidemiology
15. Joshua Rosenbloom—Harvard Medical School, Dept. of Epidem.
16. Sara Schonfeld—National Care Institute
17. Mikiko Senga—University of Michigan at Ann Arbor
18. Deirdre Tobias—Harvard School of Public Health

SER takes a strong interest in their student/postdoc program and hopes to continue to see the participation grow. Join our Student and Postdoc Committee to be eligible to participate in the various offers and programs SER continues to provide!
Social Media and SER

Your SER Executive Committee and staff often discuss what member benefits can be offered while maintaining the fiscal health of the organization. Of late these conversations have included the possibility of expanding the content of the newsletter and the SER internet presence. This brief review of social media represents an initial offering in both areas. We are interested in your general feedback on these possible expansions and offer specific questions for your consideration at the end of this article.

The term “social media” has come to represent a broad array of web-based applications that disseminate information in a manner substantially different from traditional media such as newspapers, magazines, radio and television. Whereas traditional media content is generated by highly centralized and hierarchical organizations with substantial budgets, social media content comes from individuals and loosely affiliated groups with limited financial resources. Social media outlets also feature interactive formats promoting connections between individuals and groups. While SER relies heavily on our web page and email to communicate with members, our approach mirrors the traditional media’s one way flow of information and does not facilitate member interaction.

“Who is using it?” is a common question about social media, with access representing the first part of the question. The SER Executive Committee is fairly confident that the vast majority of members possess the necessary access through their workplace and quite possibly at home. For those interested in using social media for research, it is worth noting that an estimated 80% of US homes possess internet access of high enough quality to support social media. However, access remains lower among households led by individuals who are Spanish speakers, of Black race, have less formal education, and live in rural settings.

The second part of the “who” question involves a personal choice to participate in social media. Within the Executive Committee alone there is substantial diversity of social media use, from “what is that anyway” to members who microblog during Committee meetings. Some Committee members believe social media is a time sink while others are thrilled to have a means of keeping up with family, friends and general and professional news. All of us have concerns about threats to privacy. Increasingly,

SER Members-Only Job Board

In a continuing effort to enhance benefits of membership for SER, we have developed the first phase of an online Job Board. The Job Board went live in early fall of 2010. Now out of the beta phase, we are encouraging SER members to submit job opportunities to this Job Board and also use it in your job search.

Members of SER can access the Job Board by logging in to the members only section of the SER website. If you don’t know your member id and password, you can contact Jacqueline Brakey (membership@epiresearch.org) to get that information. Please be aware that more and more items are being added to the members only section of the SER website, so put that access information somewhere you can get to it!

Additionally, beginning in early April, organizations/individuals outside of SER can submit job postings to the Job Board. Viewing the jobs submitted will remain exclusively as a membership benefit. If your organization has a job opportunity that would be of interest to the membership of SER, please go to http://www.epiresearch.org/jobboard beginning in early April to submit that to our Job Board.

In the coming months, we will continue to make enhancements to the job board, including better search options, wider array of job categories, etc.
Committee members find themselves dragged into social media by family and friends who find the social connection beneficial. We expect our experiences are broadly representative of SER members.

Chances are many SER members use “blogs” and “wikis” without realizing this makes them a social media user. Blogs (from web logs) in the form of text, photos, audio (podcast), and video (vodcast) permeate the internet and provide an outlet for an individual or group to promulgate their own information and comment on information provided by others. Blogs are a bit like a newspaper editorial that generates letters to the editor, except all communications happen in real time and are not subject to screening by an editorial page manager. Wikis are websites that permit multiple users to present information that they and others can then edit, with the notion that information accuracy will be increased through collaboration rather than through formal fact-checking. Carrying the editorial analogy forward, a wiki would be like a group of editors simultaneously writing an editorial in a master document. A quick scan of the internet uncovered a number of epidemiology-related blogs (epiwonk.com for example). While epidemiology appears to be a topic in some wikis, and there are wikis devoted to specific epidemiologic methods, we could not identify a wiki focusing on the broad field of epidemiology.

Traditional blogs (and wiki entries) tend to be at least several paragraphs long, likely a walk in the park for many epidemiologists and an eternity for a 15 year old. Thus short posts, called microblogging, are growing in popularity. Twitter is an example of a microblog in which “authors” post comments no longer than 140 characters. These “tweets” are then automatically sent to other users who have elected to “follow” that particular author. Users can send replies to a tweet, which the original author can send out to their followers (a retweet). Twitter has gained notoriety as a mode of communication from celebrities to fans, but also has served as a social organizing tool in the Middle East uprisings. Twitter use among SER Executive Committee members is limited, perhaps in keeping with the American adults, fewer than 20% of whom use Twitter. Interestingly, of these approximately 25 million users, women and racial/ethnic minorities are represented in greater proportions than in other social media. A number of individuals, schools and journals within the broad field of epidemiology now disseminate information via Twitter.

The current penultimate forms of social media are highly interactive and specifically designed to facilitate networking. These types of outlets make it easy for individuals and groups to establish an account (“profile”) with which they can easily send and receive text, photos, and videos to individuals with whom they have agreed to communicate; text length limits usually fall between traditional blogs and tweets. These outlets also encourage ongoing exchanges by allowing users to comment freely on primary information and related comments generated by other users. The phrase “going viral” refers to a piece of information that achieves rapid and widespread dissemination through this type of social media-based networking.

Facebook and LinkedIn are common social media focused on networking; the latter focuses on professionals. The popularity of these sites is widespread and growing. Approximately half of US adults with internet access use Facebook each year; about half of them use it in a given day. The fastest growing segment of users is age 45 years and above, with more women from that age group participating than men. LinkedIn has around 20 million unique visits from US residents monthly. The presence of epidemiology-focused groups on Facebook seems small; the 3rd North American Congress of Epidemiology uses their page to disseminate more timely meeting updates than can realistically be accomplished via a web page. Informal discussions suggest a strong and growing presence of individual epidemiologists on LinkedIn.

We are interested to hear about your use of social media and to get your suggestions about whether and how SER should become more active in this arena. Do you read blogs, follow someone on Twitter, or have a profile on Facebook or LinkedIn? Which social media outlets do you use, and do you use them for professional purposes? Would you be interested in receiving information from SER via social media? What types of information and through which outlets? Does networking with other SER members via social media hold appeal for you? If SER became involved in social media, what kind of information would you like to see disseminated? Would you be willing to generate information as a primary author, or to comment publicly on material written by others? Should SER attempt to limit our social media use to members or allow open access? In the next newsletter we will update you on what we learn and potential directions for SER. Please email your feedback to Sue Bevan (sbevan@epiresearch.org) with SOCIAL MEDIA as the subject.
I come by my career as an epidemiologist through a relatively circuitous route. I trained as a physician at the University of Toronto Medical School. I did a Family/Emergency Medicine residency that was designed to train physicians to serve isolated communities and subsequently practiced medicine in a remote rural community (Geraldton, pop. 3000; 300 kilometers from the nearest referral center and 1400 kilometers north of Toronto). I moved from Geraldton to work with Médecins Sans Frontières (Doctors without Borders) in the Mudug region of Somalia. It was in Somalia that I decided to redirect my career. Without leaning too heavily on truisms, while performing clinical work I decided that I might be more effective in research that could help us understand the fundamental determinants of population health rather than being on the front lines of medical care. So, I went to Harvard for an MPH in quantitative methods and moved to Columbia for a DrPH in epidemiology. I subsequently worked as an epidemiologist in New York before moving to the University of Michigan School of Public Health where I rose through the academic ranks and was also founding Director of the University-wide Center for Global Health. I came back to New York a little more than a year ago to serve as Chair of the Department of Epidemiology at the Columbia University Mailman School of Public Health.

Since I shifted my career to epidemiologic research I have tried hard not to leave my clinical experience and insights behind. Rather, I have built on my training and experience and pursued areas of inquiry that I think are interesting and relevant to improving the health of populations. Perhaps as a result most of my research has centered on a ‘cells-to-society’ approach to understanding the determination of population health. From a substantive outcome perspective I have focused on the epidemiology of mental illness and substance misuse—two areas that I frequently feel are underrepresented in epidemiologic research relative to their contribution to population morbidity. These interests have led me down some interesting, and sometimes unexpected paths. For example, I have led studies that consider the mental health consequences of mass traumas and war in diverse populations (New York City, Madrid, Liberia, Ethiopia, Israel among others), and other studies that consider the mechanisms (including epigenetic processes) through which urban environments ‘get under the skin’ and manifest as psychiatric phenotypes. NIH funds most of my work. I have published more than 300 scientific journal articles, 50 chapters and commentaries, and 6 books. My newest book, “Population Mental Health: Evidence, policy, and practice”, is being published by Routledge. I am engaged in the usual professional capacities; I have served as a permanent member of two NIH study sections, I have been scientific co-chair of academic conferences, and serve as an Associate Editor of the American Journal of Epidemiology and on the Editorial Boards of Epidemiology and of Depression and Anxiety. I am deeply committed to teaching epidemiology, long having taught epidemiology methods courses at several levels, and substantive courses in both psychiatric and social epidemiology.

I have been engaged in SER for more than a decade and served on the Executive between 2006-2009. I see SER as the premier organization speaking on behalf of epidemiologists in this country. In that regard, the potential of SER is as limitless as the potential of epidemiology itself. I was drawn to epidemiology because it seemed to me that this profession has the opportunity to genuinely contribute to improving the health of populations. Obviously epidemiologists cannot do this alone. But the longer I am immersed in epidemiology, the more I believe that epidemiology, as the science of public health, is uniquely positioned to provide the data and the analysis that policymakers and politicians need to make the right decisions about public health. Fundamentally we are in the business of providing analysis that influences how others think about the determinants of health. These are exciting times for epidemiology. The media and the public are more interested than ever in issues that influence health, both of individuals (witness the growing focus of health sections in popular newsmagazines) and of populations (witness the outcry over the health consequences of the recent wars in Iraq and Afghanistan). I think SER can increase its involvement in the public debate about the determinants of population health. We can bring an empiric perspective to bear on important health issues of our time, both domestically and globally. And we can more actively work to shape decisions that influence population health in future. It would be an honor to serve SER as its President. I would very much value the opportunity to be involved in moving SER in some of these directions and to give something back to a profession that I have enjoyed being a part of immensely.
Elevating epidemiology

Do you believe that epidemiology has not yet come close to reaching its limits? Do you believe that our traditional epidemiologic methods are incredibly useful? Do you believe that the most effective new epidemiologic methods are developed in deep collaboration with the practitioners of our discipline, rather than in association with the legal departments of corporate clients? Are you tired of hearing methodologists use SER as a platform for promoting methods that are out of touch with the work ‘on the ground’ and thus, not terribly helpful?

If some or all of these questions resonate with you, vote for me for President of SER. We can work together to redress these concerns and rehabilitate the standing of our embattled profession, besieged from within its own ranks as well as from the outside. By publicly identifying these problems, we can begin to come up with solutions. I encourage you to write to me with your suggestions, at stdls@hsph.harvard.edu.

SER is our premier professional forum and my goal as President will be to use a variety of modes to discuss the issues raised above and to develop some consensus positions when possible. I will solicit opinion pieces aimed at identifying areas of need for new epidemiologic methods development, targeted for publication in our organization’s journal, The American Journal of Epidemiology. This will not be a one-time event, but a regular and ongoing discussion. I will update The Triumph of Epidemiology http://www.epimonitor.net/EpiMonday/Triumph62501.htm, last revised in 2001, and propose that maintenance of this document be an ongoing responsibility of the SER President or his/her designee(s). I will seek to develop a more productive dialogue between those who develop new methods and those for whose use the methods are intended, aiming to shift the balance so the latter are driving the former rather than the reverse as it currently so often appears. In addition, some thoughtful discussion of the role of epidemiology in the courtroom, and the impact of the courtroom on epidemiology, is in order. I will initiate a more consistent, systematic discussion of gaps and needs, directed at reaching some overall consensus. When consensus is reached, I will seek to disseminate the views broadly, within our own profession, to the broader scientific, public health and clinical communities, and to the public at large.

Epidemiology and me

Who am I? I am one of the few people in the world with a joint doctorate in Biostatistics and Epidemiology. As a result, I can freely speak the languages of both disciplines, and switch between these two worlds, playing the role of interlocutor for either. My own research is motivated by problems which arise in epidemiology and require biostatistical solutions. In particular but by no means exclusively, I have focused on methods for study design and data analysis which reduce bias in estimation and inference due to measurement error or misclassification in the exposure variable. I have recently received funding from the NIH to embark on an extensive project of methods development and re- and new analysis of several major studies of the effects of long-term exposure to constituents of air pollution on the risk of overall, cardiovascular and lung cancer mortality. This work is being performed jointly with colleagues in the Netherlands, Israel, and the University of Washington in Seattle. The goal is to substantially reduce, if not eliminate, exposure measurement error as a major source of bias in the available results to date, and involves solving challenging mathematical and computational problems in the realm of survival data analysis.

I have been actively engaged in collaborative research and in broadly disseminating well-documented statistical tools to investigators and students in our research community and beyond. My website experiences considerable traffic because it contains much user-friendly well-documented freeware implementing non-standard methods useful in epidemiologic research http://www.hsph.harvard.edu/faculty/donna-spiegelman/software/. I am the statistician for the Nurses’ Health Study 2, the Health Professionals Follow-up Study, the Pooling Project of Prospective Studies of Diet and Cancer in Men and Women, the Harvard PEPFAR Dar es Salaam site, Trials of Vitamins in Dar es Salaam, and the multitude of spawns of these efforts.

Epidemiology and biostatistics

Given my own background as both a biostatistician and an epidemiologist, I would like to improve lines of communication between epidemiology and biostatistics. There is often quite a disconnect. In my view, epidemiologists have a deeper understanding of statistics than biostatisticians have of epidemiology. For example, we know that an incidence rate ratio is what ‘they’ call a hazard ratio, but how many of ‘them’ know that a hazard ratio is what we call an incidence rate ratio? Answer: very few. One thought I have is to put together a half day and full day short course on epidemiologic methods to give at the Joint Statistical Meetings, attended by up to 10,000 statisticians each year, and some of the smaller statistical meetings, such as “ENAR” and the International Biometric Society meetings. Would you like to work with me on this? If so, please write to stdls@hsph.harvard.edu.

Going global

My most recent interest concerns the development, testing and implementation of public health oriented preventive interventions for achieving Millennium Development Goals 4 & 5, aimed at reducing maternal and under five child mortality by ½ and 2/3 respectively, and developing, testing, and implementing preventive interventions to abate the impending global diabetes and cardiovascular disease epidemics. Expertise in monitoring and evaluation are a critical specific contribution that I bring to the table in these endeavors. As President of SER, I will seek to further strengthen the impact of our organization and our profession on the global stage, perhaps by strengthening ties with the International Epidemiology Association and by examining other points of entry to our American epidemiologic community, such as devoted space in AJE and SER for global health materials and raising funding to bring established and budding epidemiologists from LRCs (low resource countries) to SER to present their work. Other ideas for going global? Write to me at stdls@hsph.harvard.edu.

In conclusion

I have been a member of SER since 1983 and have previously served as a Member of the Executive Board of SER between 2004-2007. It would be a great pleasure and honor serve you all by rejoining the SER Board in this key leadership role.
I would be honored to have the opportunity to serve you again as Member-at-Large of the Executive Committee of the SER.

Since I received my doctoral degree in the early 1980s, my research has focused on the prevention of chronic diseases, especially cancer and cardiovascular disease, and particularly in women. I have been involved in the design and conduct of a number of large scale randomized trials of primary prevention, including the Physicians’ Health Study, Women’s Health Study, Women’s Health Initiative, and VITAL, our new trial of vitamin D and fish oil. During this time, I have continued my strong commitment to teaching and mentoring trainees and junior faculty.

What has been so striking to me over the last years is that the issues that face us as epidemiologists are more pressing and complex than ever. There are increasing ethical and administrative requirements of IRBs and federal funding; increasing challenges in reaching the ever-lowering payline of the NIH, and then conducting the funded study with substantial budget cuts; a rapidly changing landscape of epidemiologic questions to be addressed and innovative methodologic approaches necessary to do so; and a scientific need to conduct interdisciplinary and collaborative research.

But with these challenges, there are opportunities. The SER continues to fill a role that no other organization can. At every stage of our careers, the SER offers us a professional community in which we can exchange strategies and network with colleagues, provides guidance and training for those in the early stages of their careers, and provides a forum for new and innovative research and methods.

I have been an active member of SER since I was a doctoral student. Over the years, I have been fortunate to serve as President of SER, host two SER meetings in Boston, and serve as facilitator for the last 10 years of the annual NIH-funded SER Doctoral Student Workshop. I would be pleased to be able to continue this longstanding commitment to SER and its goals by serving you as Member-at-Large, and working with the Student Caucus, the Executive Committee, and the leadership of SER to continue its role in providing guidance and support to our members and to the next generation of epidemiologists and public health investigators.

Stephen Cole, MPH, Ph.D.
Professor of Epidemiology
UNC—Chapel Hill
Gillings School of Global Public Health
Chapel Hill, North Carolina

I believe we can thrive as modern epidemiologists and connect with our rich and storied past. I would be honored to serve as your SER member-at-large.

To summarize my career: after completing a doctorate at the University of South Florida and a postdoctoral fellowship at Harvard Medical School, I spent the last 10 years as faculty at the Johns Hopkins Bloomberg School of Public Health and (since 2008) the UNC-Chapel Hill Gillings School of Global Public Health.

I believe that service is an essential component in the continued development of epidemiology. Since joining SER as a student, I have been continually involved as: abstract reviewer, poster judge, expert breakfast participant, student workshop faculty, and organizer/participant in numerous symposia and spotlight sessions. Regarding research, my area of emphasis is epidemiologic methods. In particular, I work to develop and apply novel quantitative methods. My central substantive areas are infectious diseases and (recently) cancer epidemiology. I am a committed educator and I view SER as an agent for continuing professional development. I realized early in my career that time invested in the next generations pays off manyfold and such experiences are among my most rewarding.

Finally, if you have read this far you deserve to know something more about me. Here are a few things I love: my wife Jennifer, my daughter Melody, my son Levi, tennis, puzzles, books, pizza, NPR, jazz, sneakers, jeans, ice cream, movies, and (of course) epidemiology. For additional information please visit my webpage http://www.unc.edu/~colesr/.
SER ELECTIONS 2011

I am an Associate Professor of Epidemiology, Harvard School of Public Health, and Member of the Affiliated Faculty, Harvard-MIT Division of Health Sciences and Technology. My research and teaching are focused on methodology for causal inference, including comparative effectiveness of policy and clinical interventions. My collaborators and I combine observational data, mostly untestable assumptions, and statistical methods to emulate hypothetical randomized experiments. We emphasize the need to formulate well defined causal questions, and use analytic approaches whose validity does not require assumptions that conflict with current subject-matter knowledge. I serve as Editor of EPIDEMIOLOGY and Associate Editor of the AJE. In the last 10 years I have enjoyed participating at the SER Annual Meeting. Also I have helped organize multiple Spotlight Sessions, Symposia, and roundtables, reviewed abstracts, judged posters, and served as Faculty member at the SER student workshop.

Miguel Hernán, Sc.M., DrPH
Harvard School of Public Health
Department of Epidemiology
Boston, Massachusetts

MEMBER AT LARGE

I have been a member of SER for 9 years, attending and enjoying most every annual meeting. My main area of research is in social epidemiology, with a particular emphasis on methodology. In 2010 I chaired an SER panel on the intergenerational transfer of health. This year I am honored to chair the spotlight session on social epidemiology.

I have written a lot about our ability to identify the independent effect of contexts on health outcomes (so-called “neighborhood effects”), and the related issues of interference, positivity and a condition I named structural confounding. I have also written about and employed propensity score matching methods to illuminate the often hidden problem of “off-support” inference. Although primarily interested in social epidemiology, I have enjoyed serving as a consulting methodologist on a wide variety of other studies addressing CVD, HIV prevention, infant mortality, obesity, strep infections, vulvodynia, adolescent risk behavior, late effects of childhood cancer treatments, and Johne’s disease in cattle. I love to teach and mentor graduate students and offer courses in advanced epidemiologic methods, social epidemiology, Stata programming, SAS programming, and cluster randomized trials. In 2010, I was awarded the Leonard M. Schuman award for excellence in teaching, my school’s highest teaching honor.

I received my PhD in sociology in 1997 from the University of Massachusetts at Amherst. My doctoral training focused on social theory, microeconomics, quantitative methods, and the design and analysis of complex surveys. My dissertation addressed “environmental equity” and along with some training in toxicology led me to consider the expected health outcomes of alternative social structures. I gravitated to epidemiology and joined the Division of Epidemiology at the University of Minnesota in 2000. In 2007 I was awarded a McKnight Presidential Fellowship, which goes to UMN’s 2-3 most promising associate professors. Among other things, I am associate editor of Evaluation Review, Senior Scientific Advisor to the Robert Wood Johnson Foundation’s Healthy Eating Research program, and Co-Executive Director of the MN US Census/NCHS Research Data Center. I am deeply involved in faculty governance, which is quite robust at Minnesota. For many years I have been Vice Chair of our IRB and Conflict of Interest committees. Last year I was Vice Chair of our Faculty Senate’s Executive Committee. I am currently serving on our new president’s Transition Committee, a steering committee that is considering the reorganization of our academic health center, and our Provost’s Interdisciplinary Research Council. Finally, I also sit on the National (bone) Marrow Donor Program IRB and work with several local community-based organizations.

I would very much like to serve as a member-at-large of the SER Executive Committee and to help our organization continue to meet the needs of all epidemiologists, policymakers, and the public more generally. I am especially interested in helping to elevate the role of defensible findings in policy debates, building stronger interdisciplinary bonds to the social and life sciences, and enhancing graduate student training.

J. Michael Oakes, PhD
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THANK YOU!

A special thank you to the following individuals for their generous contributions to SER. These contributed funds help us offset operating expenses for our student memberships. In this way, SER can continue to provide our student membership with lower membership and meeting registration fees. These donations will also assist with student travel scholarships to our annual meeting which for 2011 we awarded 18 scholarships!

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- Drawings for our STUDENT AND POSTDOC MEMBERS which will include free 2012 SER MEMBERSHIP REGISTRATION.

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