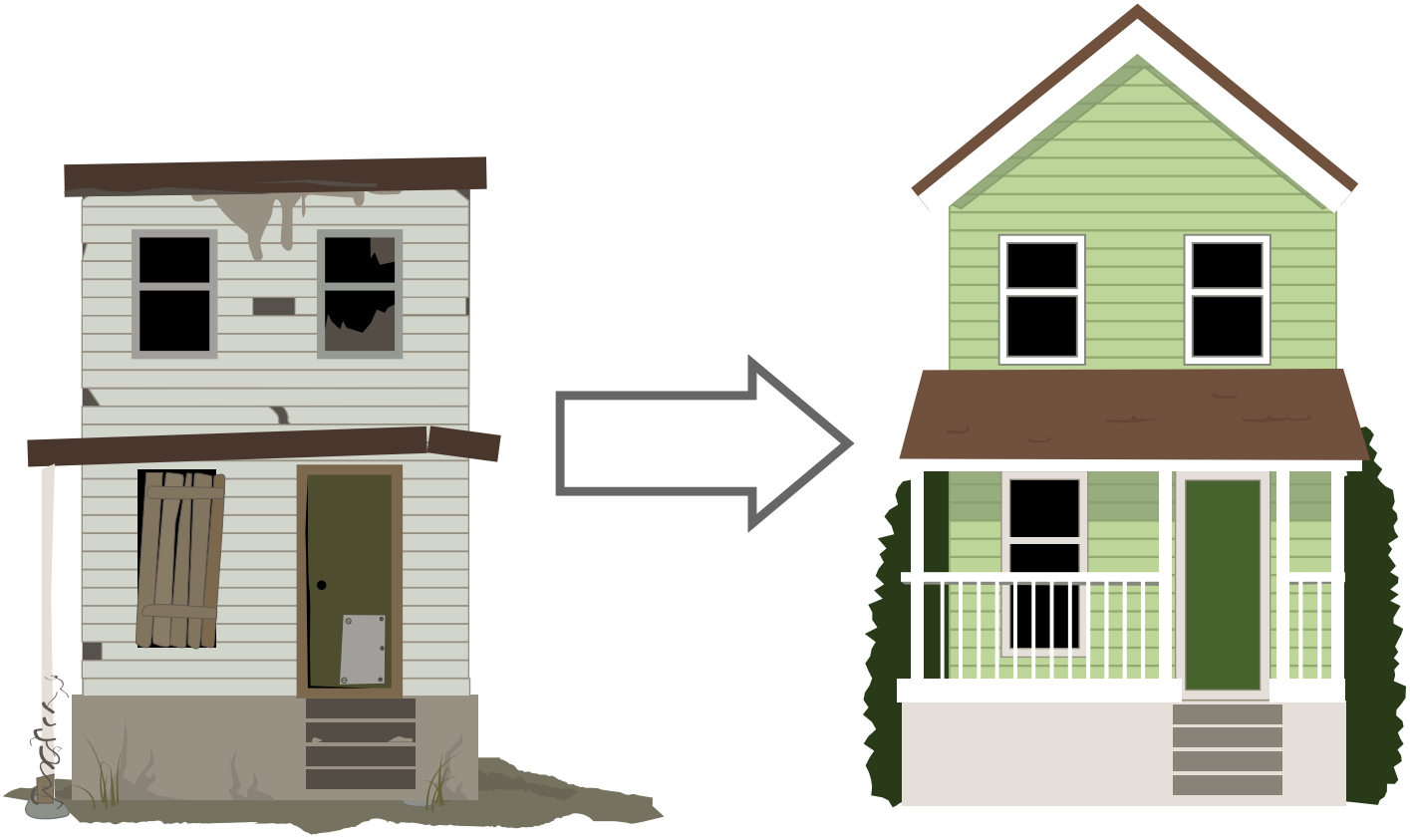
Epidemiology 2016



FROM THE DEPARTMENT OF EPIDEMIOLOGY
MAILMAN SCHOOL OF PUBLIC HEALTH – COLUMBIA UNIVERSITY

2016 ANNUAL REPORT

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letter from the chair

Colleagues,

Welcome to Epidemiology 2016, the annual report for the Department of Epidemiology at the Columbia University Mailman School of Public Health.

Having only just begun my new role as department chair it seems fitting that, in learning the full extent of my new colleagues' many impressive achievements, I use this opportunity to share these with you as part of our yearly snapshot of science, training, and translation in the Department.

For many years, I've reflected on the future of epidemiology as a front-line scientist—where we've been and where we should go, and I was greatly honored when Dr. Linda Fried, Mailman School Dean, invited me this past summer to share my thoughts on such a weighty topic.

Epidemiology is, and should be seen as, a world-class science that impacts the lives of real people, in ways we can all appreciate.

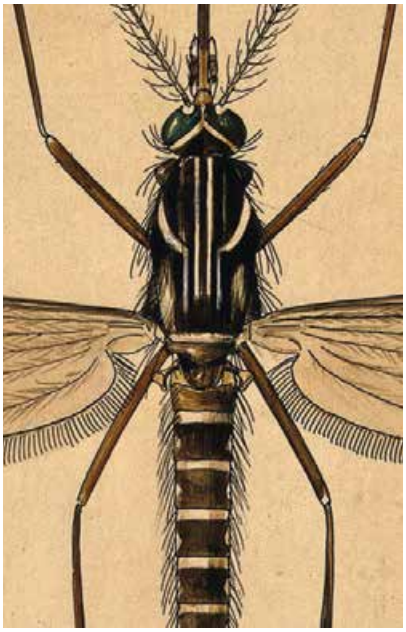
On page 16, I've elaborated on this in *The Future of Epidemiology: World Class Science, Real World Impact*, and it's my hope that this principle will be one of the guideposts for the future of our Department. Dr. Guohua Li, to whom we owe a great debt for his stellar commitment as interim chair, wrote in last year's annual report that the future of epidemiology seminar series would forge "a roadmap for ensuring our Department's successful transition and continued growth in the years to come." Indeed it has.

I am eager to start on this exciting journey, and am confident that the Department of Epidemiology will continue to reach ever more impressive heights with its world class science, its production of next-generation scientific leaders, and its use of epidemiology as a powerful force for change in the world.

Best regards for a great year,

Charles C. Branas

Charles C. Branas, PhD



Humans vs. the mosquito: An age-old battle

related media coverage

ABC News
abcn.ws/2bsFplg

The Atlantic
theatln.tc/1Zgn2zz

Huffington Post
huff.to/1UpZF4b

New York Times
nyti.ms/2cawvca

There's an old proverb: "If you think you are too small to make a difference, try spending the night with a mosquito." It's an inspiring sentiment—but of course the insects do far worse than ruin a single night's sleep; they are responsible for carrying and spreading some of the most lethal diseases in human history.

"The *Aedes aegypti* mosquito is notorious," says Stephen Morse, professor of Epidemiology. "It carries a family of viruses that have posed a threat throughout history: yellow fever, dengue, chikungunya, and—most recently—Zika." Fortunately, humans do have effective tools to fight the *Aedes aegypti* and all the diseases it carries.

A brief history of yellow fever

Of all the viruses carried by the *Aedes aegypti*, yellow fever has historically been considered the most dangerous due to its high fatality rate. Originating from West Africa, yellow fever made its way across the Atlantic Ocean with the slave trade, spreading across the Caribbean and the tropical regions of North and South America.

Throughout early American history, there were several deadly outbreaks of yellow fever, the worst of which hit Philadelphia in 1793, killing an estimated 5,000 people—about 10 percent of the city's population. Yellow fever also posed such a deadly threat that the very first attempts to build the Panama Canal failed. Around the turn of the 20th century, scientists proved two important facts to help fight yellow fever: mosquitoes could spread human diseases—and yellow fever was carried by the *Aedes aegypti* mosquito.

These discoveries led to a breakthrough: in 1936, Max Theiler—who was awarded the Nobel Prize for his work—created the yellow fever vaccine. "The development of the vaccine was really a remarkable tour de force," says Morse. "That's what tamed yellow fever for most of the wealthy world. It's one of the oldest vaccines, but today it remains one of the safest, most effective vaccines we have."

Controlling yellow fever: A victim of its own success

Immunization, paired with mosquito control efforts, was so effective in the Western Hemisphere that yellow fever was largely relegated to the history books—a problem of the past. But today, the world is seeing a resurgence of yellow fever, and the other diseases carried by the *Aedes aegypti* pose a greater threat than ever.

"In many parts of the world, the vaccine is only made widely available when you have an outbreak," explains Morse. "It's been used not for prevention but emergency response.

Simultaneous battles: Yellow fever and Zika

Compounding this problem is another virus carried by the Aedes aegypti: Zika. Until very recently, Zika was considered mild, especially when compared with the fatality rate of yellow fever. But recently, scientists confirmed the connection between the virus and very severe birth defects. The top *Aedes aegypti* experts and vaccine companies are working now to rapidly develop a vaccine for Zika.

For many in public health, the best way to tackle Zika and yellow fever lies not in vaccines, but in stepping up mosquito control efforts. The *Aedes aegypti* is highly adaptable to human beings: it bites during the day, it can breed in the tiniest amounts of water, and will often stay in or near homes. After World War II, many countries in South and North America dedicated extensive, effective—and very expensive efforts—to control the mosquito, including the spraying of pesticides like DDT.

"Mosquito control was a victim of its own success," says Morse. "The mosquito problem wasn't as glaring, so the efforts weren't sustained—and the mosquitoes came back. That's the irony in today's Zika outbreak: if it had happened fifty years ago, we would probably be better off. The virus likely wouldn't have been able to establish itself in South America, because the mosquito had been largely controlled."

New evidence on why young women in South Africa are at high risk of HIV infection

related media coverage

Science
bit.ly/29T9YRh

Science Daily
bit.ly/2cmOCer

Evidence by the Centre for the AIDS Programme of Research in South Africa (CAPRISA) consortium of South African and North American researchers was presented at the International AIDS 2016 Conference in Durban, shedding new light on why young women in South Africa have high rates of HIV infection. Dr. Salim Abdool Karim, professor of Epidemiology at Columbia University's Mailman School of Public Health and director of CAPRISA, led the research team. The Mailman School was also among the North American institutions providing research support.

In a study of 9,812 individuals, the genetic code of HIV from each of 1,589 HIV-positive people was analyzed to better understand the relentless spread of HIV in a rural and urban community in South Africa. It revealed a "cycle of HIV transmission" driven by high rates of new HIV infections in adolescent girls and young women from men, on average 8 years older. Many of these men were also partners of similarly aged women who have HIV prevalence rates exceeding 60%.

A second study, led by Dr. Brent Williams in the Center for Infection and Immunity at the Mailman School, dissected the vaginal microbiome of 119 South African women. Women with an overgrowth of Prevotella bivia had an almost 13 times higher chance of acquiring HIV than those at low levels or absence of this vaginal bacterium.

In the third study, an analysis of 3,334 genital bacterial proteins from 688 women showed that the three out of five women who had a "healthy" lactobacillus dominant vagina showed that tenofovir gel preexposure prophylaxis was effective in preventing HIV, while the women who did not have lactobacillus dominance, showed little benefit from the gel. Follow up laboratory studies showed that Gardnerella vaginalis, which predominates in the vagina when lactobacillus levels are low, absorbs tenofovir thereby reducing the availability of the drug to prevent HIV infection.

"Reducing new HIV infections in young women is one of the greatest challenges in southern Africa," commented Dr. Abdool Karim.

The three studies provide scientific evidence, using state-of-the-art research technologies, to guide targeted HIV prevention interventions to break the cycle of HIV transmission and impact the course of HIV in South Africa and potentially in other high burden settings. Since the Prevotella and Gardnerella bacteria raise the vaginal pH, a readily available, quick, simple and cheap test can be used to ascertain which women require treatment for bacterial vaginosis, an imbalance in the vaginal bacteria. Combined, these interventions could have a significant impact on the spread of HIV in women in South Africa and beyond.

Dr Margaret Chan, Director-General, World Health Organization, commented that, "Young women in Africa have missed out while others have benefitted from global progress against AIDS. The new studies point the way to HIV prevention opportunities that can help rectify this imbalance."

"Reducing new HIV infections in young women is one of PEPFAR's highest priorities", said Dr. Deborah Birx, United States Ambassador and Global AIDS Coordinator. "The CAPRISA findings provide us with a greater understanding of how to protect young women. This new insight will allow us to move forward with a different understanding of how best to protect women from HIV."

In most of southern and eastern Africa, HIV incidence in young women (less than 25 years) continues to remain unacceptably high. About 380,000 new HIV infections occur in adolescent girls and young women aged 16-24 years each year. These young women experience HIV rates several-fold higher than their male peers, making the reduction of infection rates among young women one of the most crucial challenges in HIV prevention in Africa.

The curious link between family size and height

If you find yourself staying in an old bed and breakfast in Holland, you may have to duck your head when walking through the door and sleep with your feet hanging over the end of the bed. This is because over the past 150 years, the average height of Dutch men has increased from about 5-foot-4 to over 6 feet, and they are now among the tallest people in the world.

There have been similar height increases in other European countries and the United States. And while most of a person's stature can be attributed to genetics, some researchers estimate that a fifth of height can be attributed to environmental factors like the availability of food and social resources.

With this knowledge, Laura Stradford, MPH '15, examined data on uniform measurements for Dutch military conscripts as part of her Mailman School Epidemiology thesis and found that men with more siblings were shorter than those born into smaller families. Under the advisement of L.H. Lumey, the results of her work were recently published in the journal, The History of the Family.

According to Stradford, the link between family size and height is likely explained by what is known as resource dilution. As families grow, parents have less to give to each child.

"If you have a small family, maybe you have more time to read to the children and to interact with them. Maybe you have more money to buy food and medical care," Stradford explains. "Whether you're rich or poor, if you're from a larger family you're likely to be a bit shorter."

There was a difference of almost an inch between the height averages of families with one child compared to nine or more, which was seen in both high and low socioeconomic statuses. Recruits from relatively more affluent backgrounds were significantly taller. The study finds new evidence that the men were taller than their younger brothers—although the effect was less pronounced than family size.

The study used height and demographic information from 389,287 male military recruits in the Netherlands, age 18, from 1962–65. Because service was compulsory during this period, the data is representative a broad spectrum of socioeconomic and demographic groups.

While family size has trended smaller since World War II, the researchers say the shift happened slowly enough that it wouldn't skew the results. And while parents who have larger families would have been aware that having more children means there is less to spend for each child, the researchers say it is unlikely that parents anticipated that this would affect the height of their offspring and adjusted their family size decisions accordingly.

While stunting can happen as the consequence of disease, poor health is far from the main determinant of height. For that reason, the findings shouldn't be interpreted as meaning that larger families or shorter people are less healthy, cautions Lumey, the study's senior author.

"At the population level," he says, "height is a general indicator of how equitable societal resources are spread across the socio-economic strata. It is an important marker of socio-economic inequality." And time and again, socio-economic status has been shown to be one of the clearest indicators of health.

An unanswered question is whether the connection between family size and health also applies to women vis-à-vis their sisters and their brothers. According to Lumey, one possibility would be to examine data from military recruits in Israel where everyone, men and women, are required to serve.

Stradford, L, van Poppel, F, Lumey, LH. Can resource dilution explain differences in height by birth order and family size? A study of 389,287 male recruits in twentieth-century Netherlands. The history of the family: An international quarterly. 2016 Oct 17. doi: 10.1080/1081602X.2016.1230510 [Epub ahead of print]

Wage gap may help explain why more women are anxious and depressed than men

related media coverage

CBS News
cbsn.ws/2czTr6l

Fortune
for.tn/1mN0sks

Science Daily
bit.ly/2cEjOFQ

For every dollar an American man makes, his equally qualified female counterpart makes just 82 cents. According to a new study by Mailman School researchers, the consequences of this wage gap extend beyond the checking account: women who earn less than their male peers are at greater risk for anxiety and depression than those who are fairly compensated.

Jonathan Platt, a PhD student in Epidemiology, and colleagues looked at a survey of 22,581 working adult Americans, finding that among women whose income was lower than their male counterparts, the odds of major depression were nearly two-and-a-half times higher, and odds of anxiety were more than four times higher, than men matched for age, education, occupation, family composition, and other factors. Yet when women's income was greater than their male counterparts, women's odds for having anxiety or depression was nearly equivalent to men.

It's a startling fact: women in the U.S. are nearly nearly twice as likely to have depression or anxiety than men. Past research looking to account for this disparity explored factors like differences in sex hormones and coping mechanisms, but so far nothing has provided an adequate explanation. In their new study published in *Social Science & Medicine*, the Mailman researchers find that higher rates of these mental problems in women may in part be explained by lower pay.

"Our results show that some of the gender disparities in depression and anxiety may be due to the effects of structural gender inequality in the workforce and beyond," says Platt, first author of the paper. "The social processes that sort women into certain jobs, compensate them less than equivalent male counterparts, and create gender disparities in domestic labor that have material and psychosocial consequences."

Income is a strong predictor of health outcomes, mental health included; the lower the income, the greater the risk. But according to Platt and his co-authors, the disproportionate rate of anxiety and depression diagnoses in women is about more than just material resources. For one, women spend more time on domestic roles than men, an added burden that can lead to anxiety and depression. On top of that, there is an insidious psychological process that leads women to blame themselves for different expections around their jobs and how they're compensated.

"If women internalize these negative experiences as individual-level issues, rather than the result of structural discrimination, they may be at increased risk for depression and anxiety disorders," says Platt.

"Our findings suggest that policies must go beyond prohibiting overt gender discrimination," says Katherine Keyes, assistant professor of Epidemiology and senior author. "While it is commonly believed that gender differences in depression and anxiety are biologically rooted, these results suggest that such differences are much more socially constructed than previously thought, indicating that gender disparities in psychiatric disorders are malleable and arise from unfair treatment."

Keyes notes that policies such as paid parental leave, affordable childcare, and flexible work schedules may ameliorate some of this burden, although more research is necessary.

"Greater attention to the fundamental mechanisms that perpetuate wage disparities is needed," says Keyes, "not only because it is unjust, but so that we may understand and be able to intervene to reduce subsequent health risks and disparities."

Platt J, Prins S, Bates L, Keyes K. Unequal depression for equal work? How the wage gap explains gendered disparities in mood disorders. Soc Sci Med. 2016 Jan;149:1-8. doi: 10.1016/j.socscimed.2015.11.056. Epub 2015 Dec 8. PubMed PMID: 26689629; PubMed Central PMCID: PMC4801117.

What's the right prescription to end the opioid epidemic?

related media coverage

New York Times
nyti.ms/2cggCnw

Nearly 20,000 people died in the United States from prescription opiate overdoses in 2014—more than three times the number in 2001. In a March 29 speech at the National Rx Drug Abuse and Heroin Summit, President Obama compared the opiate epidemic with the threat of terrorism, and set aside $1.1 billion to combat the problem.

Earlier that month, the Centers for Disease Control and Prevention published a proposed new guideline for prescription opioids. While it has yet to be adopted, the *Guideline for Prescribing Opioids for Chronic Pain, United States, 2016* endorses the lowest dose for the shortest period of time, excepting patients undergoing cancer, palliative, and end-of-life care. Silvia Martins, associate professor of Epidemiology, notes that patients who take opioids for extended timeframes risk becoming addicted to the drugs.

Legislation

Guohua Li, former interim chair of Epidemiology, applauds ongoing, informal efforts to stem the flow of prescriptions as both sensible and necessary, but says, by themselves they aren't enough. "Relying on changing physician behavior through training programs and clinical practice guidelines is not enough to effectively control the opioid overdose epidemic," he says. More important in Li's view is legislation and enforcement to restrict the manufacturing, marketing, and sale of opioids and other controlled substances.

Along these lines, the Federal Trade Authority is pushing generic drug makers to develop abuse-deterrent opioids, formulated to make the pills harder to crush or dissolve into a form that can be sniffed or injected, although drug makers have countered saying reformulating their product would be prohibitively expensive.

Treatment and prevention

Another approach to curbing the opioid epidemic emphasizes treatment for those already misusing the drugs. The worry is that as opioid prescriptions become harder to get, users will switch to an illegal alternative. "Several studies have shown that individuals with previous nonmedical use of prescription opioids may be at greater risk of heroin use and heroin dependence," notes Martins.

Opioid substitution, which took off in 2008, has recently taken a turn for the worse. Starting last year, Li says, a new trend has emerged: heroin users are increasingly switching to the much more potent synthetic opioid Fentanyl, a development he calls "a formidable challenge."

Ironically, loosening the rules on dispensing one kind of drug could rein in dependence on its more dangerous cousins.

Prevention efforts continue to play a crucial role. Compared to illegal drugs, there is much less stigma around prescription opioids—and an exaggerated understanding of their safety. Many people continue to be unaware of the consequences of sharing pain medications. According to Martins, education to correct these misconceptions is especially needed for young adults, since early use prescription opioids is associated with transition to heroin use.

While it is increasingly clear that there is no easy single solution to ending the opioid epidemic, Li and Martins are encouraged by policy momentum in Washington, including President Obama's March 29 announcement and Senate bill that passed earlier in the month which provides money to states for addiction treatment, prevention and education. In late April, a bipartisan panel in the House of Representatives followed suit with its own legislative package, which includes money for prescription drug monitoring programs.

Kim JH, Santaella-Tenorio J, Mauro C, Wrobel J, Cerdà M, Keyes KM, Hasin D, Martins SS, Li G. State Medical Marijuana Laws and the Prevalence of Opioids Detected Among Fatally Injured Drivers. Am J Public Health. 2016 Sep 15:e1-e6. [Epub ahead of print] PubMed PMID: 27631755.

Marijuana use disorder is on the rise nationally; Few receive treatment

related media coverage

Science Daily
bit.ly/2d2scPI

The Guardian
bit.ly/2bLBZXO

The percentage of Americans who reported using marijuana in the past year more than doubled between 2001-2002 and 2012-2013, and the increase in marijuana use disorders during that time was nearly as large, according to a new study in the *American Journal of Psychiatry*. The research also showed that 2.5 percent of adults—nearly 6 million people—experienced marijuana use disorder in the past year, while 6.3 percent had met the diagnostic criteria for the disorder at some point in their lives.

The collaborative study was carried out by scientists at Columbia University's Mailman School of Public Health, Columbia University Medical Center, and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health. The study also found that marijuana use disorder is often associated with other substance use disorders, behavioral problems, and disability, and goes largely untreated.

The data were collected in the 2012-2013 wave of NIAAA's National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), the largest ever conducted on the co-occurrence of alcohol use, drug use, and related psychiatric conditions. For this study, over 36,000 U.S. adults were interviewed about alcohol, drug, and related psychiatric conditions. The data showed that marijuana use disorder is about twice as common among men than women, that younger age groups are much more likely to experience the disorder than people age 45 and over, and that those at the lowest income levels were at the highest risk.

This is the first national survey to use the diagnostic criteria from Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In DSM-5, the old categories of marijuana dependence and abuse are combined into a single disorder. To be diagnosed with the disorder, individuals must meet at least two of 11 symptoms that assess craving, withdrawal, lack of control, and negative effects on personal and professional responsibilities. Severity of the disorder is rated as mild, moderate, or severe depending on the number of symptoms. As the severity of marijuana use disorder increased, so did associated disability levels and frequency of marijuana use.

Deborah Hasin, PhD, lead author and professor of Epidemiology at Columbia's Mailman School of Public Health and in the Department of Psychiatry at CUMC, was on the workgroup responsible for making the changes in DSM-5 substance use diagnostic criteria, including marijuana use disorders. In a study published last year, Dr. Hasin reported that three out of ten marijuana users experienced marijuana abuse or dependence in 2012–13.

"An increasing number of American adults do not perceive marijuana use as harmful," said Hasin. "While some can use marijuana without harms, other users do experience negative consequences.

The researchers found that only about 7 percent of people with past-year marijuana use disorder receive any marijuana-specific treatment, and only about 14 percent of people with lifetime marijuana use disorder receive treatment.

"We feel strongly that more public education about the dangers associated with marijuana use is imperative," stated Hasin. "This is especially critical since we are learning more about public beliefs that marijuana use is harmless."

The study was supported by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse (R01DA034244-01 and F32DA0364431). The authors report no conflicts of interest.

Hasin DS, Kerridge BT, Saha TD, Huang B, Pickering R, Smith SM, Jung J, Zhang H, Grant BF. Prevalence and Correlates of DSM-5 Cannabis Use Disorder, 2012-2013: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions-III. Am J Psychiatry. 2016 Jun 1;173(6):588-99. doi: 10.1176/appi.ajp.2015.15070907. Epub 2016 Mar 4. PubMed PMID: 26940807; PubMed Central PMCID: PMC5026387.

Low maternal thyroid hormone increases schizophrenia risk for offspring

related media coverage

PsychCentral
bit.ly/2d516un

Science Daily
bit.ly/28NaCxP

A study published in *Biological Psychiatry* reveals a new link between low levels of the thyroid hormone thyroxine during pregnancy and risk of schizophrenia in the offspring.

Low levels of free thyroxine in pregnant women, referred to as hypothyroxinemia, are associated with abnormalities in cognitive development similar to those in schizophrenia, a neurodevelopmental disorder. Hypothyroxinemia is also associated with preterm birth, a risk factor for schizophrenia.

To determine if hypothyroxinemia is associated with schizophrenia, the study, led by senior author Alan Brown, MD, MPH, professor of Psychiatry Epidemiology at Columbia University's Mailman School of Public Health, Columbia University Medical Center, and the New York State Psychiatric Institute, examined thyroxine levels in archived serum samples from 1,010 mothers of children with schizophrenia and 1,010 matched control mothers. The sera were collected during the first and early second trimesters of pregnancy as part of the Finnish Maternity Cohort. Comprehensive Finnish registries of the population and psychiatric diagnoses provided information on case status (schizophrenia or control) among offspring of mothers corresponding to the prenatal serum samples.

The authors found that 12 percent of people with schizophrenia had a mother with hypothyroxinemia, compared with 9 percent of people without schizophrenia. The finding was statistically significant. This suggests that children of mothers with hypothyroxinemia during pregnancy have increased odds of developing schizophrenia. The association remained even after adjusting for variables strongly related to schizophrenia such as maternal psychiatric history and smoking.

First author of the study Dr. David Gyllenberg of the University of Turku, thinks the importance of this paper is that it "links the finding to an extensive literature on maternal hypothyroxinemia during gestation altering offspring brain development." Dr. Gyllenberg was a visiting scholar at Columbia University when much of the research was conducted.

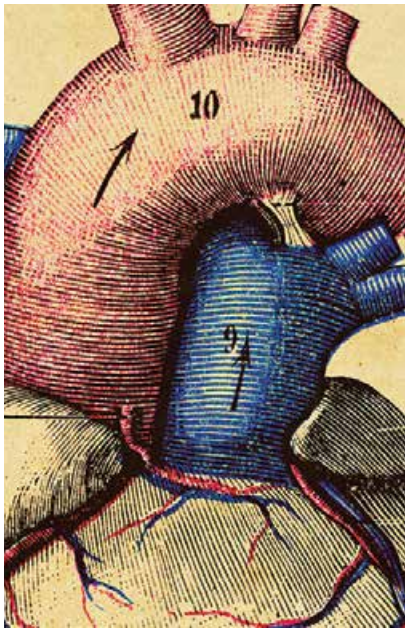
Brown emphasized that "this work adds to a body of literature suggesting that maternal influences, both environmental and genetic, contribute to the risk of schizophrenia. Although replication in independent studies is required before firm conclusions can be drawn, the study was based on a national birth cohort with a large sample size, increasing the plausibility of the findings."

This study did not address the cause of this association, but did find that adjusting for preterm birth lessened the association between hypothyroxinemia and schizophrenia, suggesting that preterm birth may mediate some of the increased risk.

The authors note in the paper that the finding may not be specific to schizophrenia, but could be a risk factor for other neurodevelopmental disorders as well, such as bipolar disorder, autism, and mental retardation.

Dr. John Krystal, editor of *Biological Psychiatry*, thinks the association has clinical potential for reducing risk in the offspring of mothers with low thyroxine levels. "This study identifies a preventable potential contributor to the risk for schizophrenia. Maternal hypothyroidism can be easily diagnosed and effectively treated," said Krystal, who is chairman of the Department of Psychiatry at the Yale University School of Medicine and chief of Psychiatry at Yale-New Haven Hospital.

Gyllenberg D, Sourander A, Surcel HM, Hinkka-Yli-Salomäki S, McKeague IW, Brown AS. Hypothyroxinemia During Gestation and Offspring Schizophrenia in a National Birth Cohort. Biol Psychiatry. 2016 Jun 15;79(12):962-70. doi: 10.1016/j.biopsych.2015.06.014. Epub 2015 Jun 19. PubMed PMID: 26194598; PubMed Central PMCID: PMC4684794.



Pre-diabetes may damage heart

related media coverage

Medical Xpress
epi.is/2gCcYFG

A study of U.S. Hispanics with diabetes mellitus showed a link between impaired glucose regulation and adverse measures of cardiac function and structure. Researchers at Columbia University's Mailman School of Public Health in collaboration with colleagues from Wake Forest Medical School and six other institutions extended previous knowledge regarding the concept of diabetic cardiomyopathy by also observing that these relationships emerged early and before the full onset of diabetes mellitus. The findings are published online in the journal *Circulation: Cardiovascular Imaging*.

This is the first study to assess the impact of diabetes mellitus on cardiac geometry using several measures and the first to report the association between insulin resistance and cardiac structure and function among a U.S. sample population of Hispanics/Latinos not previously studied.

"Our findings inform and extend the clinical concept of diabetic cardiomyopathy—adverse changes in cardiac structure and function commonly observed among patients with diabetes mellitus in two ways," said lead author Ryan Demmer, PhD, assistant professor of Epidemiology at the Mailman School of Public Health. "First, they confirm that diabetes mellitus—both controlled and uncontrolled—is related to the worse measures of cardiac structure and function among Hispanics. Second, they demonstrate that these relationships emerge early in the natural history of diabetogenesis and prior to diabetes development."

Results were from the ECHO-SOL (Echocardiographic Study of U.S. Latinos) which examined chronic disease risk factors and related morbidity and mortality of 1,818 Hispanic/Latino men (43 percent) and women (57 percent) 45 years of age and older. Participants were recruited from the Bronx, New York; Chicago; Miami; and San Diego.

Glucose intolerance was defined as having a prediabetes HbA1c of ≥5.7 and <6.5 percent; diabetes mellitus was defined as a fasting glucose reading of ≥126 mg/dL, and a HbA1c of ≥6.5 percent. Prediabetes was prevalent for 42 percent of the participants, and diabetes mellitus was reported by 28 percent with 47 percent uncontrolled and a HbA1c of ≥7.0 percent.

"Whether aggressive glucose-lowering therapy can prevent these cardiac alterations that lead to heart failure remains unknown, but it supports the notion that HbA1c <7% may be important for cardiac health," said Dr. Carlos J. Rodriguez, senior author and PI of the ECHO-SOL.

These findings also raise the possibility that primary prevention efforts targeting insulin resistance and glucose homeostasis might also be beneficial for optimal cardiac health and heart failure prevention, although future studies are necessary. "If confirmed, these results would have high public health importance given the fact that Hispanics have elevated rates of Type 2 diabetes compared to the U.S. population overall. This is coupled with the fact that Hispanics are expected to account for 25 percent of the U.S. population by 2050," noted Demmer.

The study was supported by National Heart, Lung, and Blood Institute, National Institute on Deafness and Other Communication Disorders, National Institute of Dental and Craniofacial Research, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Neurological Disorders and Stroke, and National Institutes of Health-Office of Dietary Supplements. ECHO-SOL was supported by R01 HL104199 and R01 DK102932.

Demmer RT, Allison MA, Cai J, Kaplan RC, Desai AA, Hurwitz BE, Newman JC, Shah SJ, Swett K, Talavera GA, Thai A, Youngblood ME, Rodriguez CJ. Association of impaired glucose regulation and insulin resistance with cardiac structure and function: results from ECHO-SOL (Echocardiographic Study of Latinos). Circ Cardiovasc Imaging. 2016;9:e005032. doi: 10.1161/CIRCIMAGING.116.005032.

Health goes downhill when older adults stop driving

related media coverage

PsychCentral
bit.ly/2cuysjJ

Science Daily
bit.ly/2cDGbK7

Reuters Health
reut.rs/1QDaP6A

For older adults, driving a car is an important aspect of having control over one's life. While 81 percent of the 29.5 million U.S. adults aged 65 and over continue to hold a license and get behind the wheel, age-related declines in cognition and physical function make driving more difficult, and many seniors reduce or eventually stop driving altogether. Researchers at Columbia University's Mailman School of Public Health examined the health and well-being of older adults after they stopped driving and found that their health worsened in a variety of ways. In particular, driving cessation nearly doubled the risk of depressive symptoms, while also contributing to diminished cognitive abilities and physical functioning. Findings are published online in the *Journal of the American Geriatrics Society*.

"For many older adults, driving is more than a privilege; it is instrumental to their daily living and is a strong indicator of self-control, personal freedom, and independence," said Guohua Li, MD, DrPH, Mailman School professor of Epidemiology, the founding director of the Center for Injury Epidemiology and Prevention at Columbia, and senior author. "Unfortunately, it is almost inevitable to face the decision to stop driving during the process of aging as cognitive and physical functions continue to decline."

Dr. Li and a team of researchers reviewed and analyzed quantitative health-related data for drivers aged 55 and older from 16 studies that met eligibility criteria and compared results with data from current drivers. The study updates and expands on earlier findings with more than 10 additional years of empirical research.

Data showed that older adults experienced faster declines in cognitive function and physical health after stopping driving. Driving cessation was also associated with a 51-percent reduction in the size of social networks of friends and relatives—something the researchers say can constrain the social lives of seniors and their ability to engage with others. Decline in social health after driving cessation appeared greater in women than in men.

Former drivers were also nearly five times as likely as current drivers to be admitted to a nursing home, assisted living community, or retirement home, after adjusting for marital status or co-residence.

"As older ex-drivers begin substituting outside activities with indoor activities around the home, these activities may not be as beneficial to physical functioning as working or volunteering on the outside," said Thelma Mielenz, PhD, assistant professor of Epidemiology at the Mailman School and co-author. "When the time comes to stop driving, it is important to make personalized plans to maintain mobility and social functions."

The researchers note that merely making alternative transportation available to older adults does not necessarily offset the adverse health effects of driving cessation. "What we need most of all are effective programs that can ensure and prolong an older adult's mobility, physical, and social functioning," said Dr. Li.

Other study co-authors are Stanford Chihuri, Charles J. DiMaggio, Columbia University's Mailman School of Public Health; Marian E. Betz, Department of Emergency Medicine, University of Colorado School of Medicine; Carolyn DiGuiseppi, Colorado School of Public Health; and Vanya C. Jones, Johns Hopkins Bloomberg School of Public Health.

The research was supported by the AAA Foundation for Traffic Safety's Longitudinal Research on Aging Drivers (LongROAD) Project and the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (Grant 1 R49 CE002096). The authors report no conflicts of interest.

Chihuri S, Mielenz TJ, DiMaggio CJ, Betz ME, DiGuiseppi C, Jones VC, Li G. Driving Cessation and Health Outcomes in Older Adults. J Am Geriatr Soc. 2016 Feb;64(2):332-41. doi: 10.1111/jgs.13931. Epub 2016 Jan 19. Review. PubMed PMID: 26780879.

9/11-related illness still common

related media coverage

PsychCentral
bit.ly/2cUDkzu

BrainBlogger
bit.ly/2d4w42N

Significant health problems continue to affect people exposed to hazards 15 years after the collapse of the World Trade Center towers on September, 11, 2001. Steven Stellman, a professor of Epidemiology, is co-author of four new studies through the World Trade Center Health Registry that report on outcomes, including cancer, acid reflux, asthma, as well job loss and early retirement.

Led by scientists at the New York Department of Health and Mental Hygiene, the studies appear in a special 9/11-themed issue of the *American Journal of Industrial Medicine*.

"A decade and a half after the terrorist attacks of September 11, we have the clearest picture yet on the effects of the events on the health and wellbeing of those most affected," says Stellman, the former research director of the Registry.

While the full extent of cancer risk to the affected population may not be known for years, the new research reveals that, as of 2011, rescue/recovery workers at the World Trade Center site had an 11 percent greater overall cancer risk compared to New York State norms.

Acid reflux and PTSD

Gastroesophageal reflux disease, or GERD, is one of the most common health conditions reported among persons exposed to the attacks, affecting one in five Registry enrollees in the first two years after 9/11. In the new research, Stellman and his co-authors find that half of those with early GERD symptoms continued to report persistent symptoms ten years after 9/11, and were more likely to report continuing symptoms if they both had asthma and PTSD during the first three years after 9/11.

Staten Island exposures

Between September, 2001 and July, 2002, nearly two million tons of debris at the WTC site were dismantled and transported by truck and barges for transfer to the Staten Island Fresh Kills Landfill for processing as part of the recovery efforts and criminal investigation. This mass of debris, which ranged from tons of fine dust to twisted metal girders, was meticulously examined for human remains that could aid identification of victims, as well as personal effects of the thousands who perished in the collapse of the buildings.

An estimated 15,000 workers carried out these operations on Staten Island, yet little was known about their specific tasks, exposures, and health outcomes until now. The new study finds that post-9/11-onset asthma was associated with two separate exposure measures: one representing a range of potential dust and fume exposures, and second, a more focused collection of job tasks that included digging, loading, dumping, and welding or steel cutting.

Jobs picture

Ten years after the disaster, about seven percent of non-uniformed rescue and recovery workers left their jobs prematurely, about half through early retirement and half due to health-related job loss. Among non-uniformed rescue/recovery workers age 60 or younger who were still working in 2008, those who endured the most serious 9/11-related health burden were most likely to retire early before reaching the age of 60, and most likely to be unemployed for health reasons.

According to Stellman, the Registry, which opened in 2003 and has enrolled 71,000 people, will continue monitoring for health changes. When it comes to chronic diseases, "much of the story is still to be written," he says.

Li J, Brackbill RM, Liao TS, Qiao B, Cone JE, Farfel MR, Hadler JL, Kahn AR, Konty KJ, Stayner LT, Stellman SD. Ten-year cancer incidence in rescue/recovery workers and civilians exposed to the September 11, 2001 terrorist attacks on the World Trade Center. Am J Ind Med. 2016 Sep;59(9):709-21. doi: 10.1002/ajim.22638. PubMed PMID: 27582473.

Fruits and vegetables may slow ALS

related media coverage

Nature World News
epi.is/2fe99T9

Neurology Advisor
epi.is/2gevGzh

Science Daily
epi.is/2fUHFBv

New research at Columbia University's Mailman School of Public Health reveals that foods like fruits and vegetables that are high in antioxidant nutrients and carotenoids are associated with better function in amyotrophic lateral sclerosis (ALS) patients around the time of diagnosis. This is among the first studies to evaluate diet in association with ALS function and the first to show that healthy nutrients and antioxidants are associated with better ALS functioning. The findings are published online in *JAMA Neurology*.

ALS, also known as Lou Gehrig's Disease, is a severe neurodegenerative disorder that causes atrophy, paralysis, and eventually respiratory failure. Median survival for ALS patients ranges from 20 to 48 months, although 10 percent to 20 percent of patients can live longer than 10 years.

Jeri W. Nieves, PhD, associate professor of Epidemiology, and co-authors examined the links between nutritional intake and severity of ALS for patients who had ALS symptoms for 18 months or less. The study, which relied on nutrient intake reported using a food questionnaire, followed 302 participants recruited at 16 clinical centers throughout the U.S. The researchers used a validated measure of ALS severity and respiratory function.

"It appears that nutrition plays a role both in triggering the disease and why it progresses," said Dr. Nieves. "For this reason, ALS patients should eat foods high in antioxidants and carotenes, as well as high fiber grains, fish, and poultry."

The researchers also found that milk and lunch meats were associated with lower measures of function, or more severe disease. Two different statistical analyses by Dr. Nieves both indicate that diet may help minimize the severity of ALS and point to the role of oxidative stress in ALS severity.

"The foods and nutrients that may help reduce the severity of ALS are very similar to the recommendation to prevent many other chronic diseases," noted Dr. Nieves.

"Our cross-sectional study relied on a food questionnaire and those may not always represent a true daily diet," cautioned Dr. Nieves. "However, those responsible for nutritional care of the patient with ALS should consider promoting fruits and vegetables since they are high in antioxidants and carotenes. Future studies will look at follow-up data on both dietary intake and progression of ALS."

Co-authors are Pam Factor-Litvak of Columbia University's Mailman School of Public Health; Jonathan Hupf, Jessica Singleton, Valerie Sharf, and Hiroshi Mitsumoto, all of the Department of Neurology, Columbia University; Chris Gennings, Icahn School of Medicine at Mount Sinai; Bjorn Oskarsson, University of California–Davis, Sacramento; Fernandes Filho, University of Nebraska Medical Center; Eric J. Sorenson, Mayo Clinic; Emanuele D'Amico, Neurological Institute, Catania, Italy; and Ray Goetz, Department of Psychiatry, New York State Psychiatric Institute.

The study was supported by the National Institute of Environmental Health Sciences, National Institutes of Health (Grant R01ES016348). The journal article has additional funding sources and non-conflict of interest statements.

Nieves JW, Gennings C, Factor-Litvak P, Hupf J, Singleton J, Sharf V, Oskarsson B, Fernandes Filho JA, Sorenson EJ, D'Amico E, Goetz R, Mitsumoto H. Association Between Dietary Intake and Function in Amyotrophic Lateral Sclerosis. JAMA Neurology. 2016. doi:10.1001/jamaneurol.2016.3401.

Cancer expert says public health and prevention measures are key to defeating cancer

related media coverage

Modern Healthcare
epi.is/2fxSF7B

Science Daily
epi.is/2geAl4g

Is investment in research to develop new treatments the best approach to controlling cancer? Would emphasizing prevention bring about more return on investment? Should we channel what we are learning about precision medicine and the genome into cancer prevention, not treatment alone?

Many people believe that the time is right for another big push to defeat cancer, including President Obama, who called for a major cancer-fighting campaign in his final State of the Union address. But in the latest opinion piece, "Targeting the Cancer Moonshot" in *JAMA Oncology*, this kind of effort will never cure cancer without public health and prevention.

While there have been some important and notable cures for certain types of cancer in the last half-century, Alfred I. Neugut, MD, PhD, Myron M. Studner Professor of Cancer Research and professor of Epidemiology at Columbia University's Mailman School of Public Health, and co-author Cary P. Gross, MD, Yale University School of Medicine, drive home the point that these cures are responsible for only a small fraction of improvements in mortality.

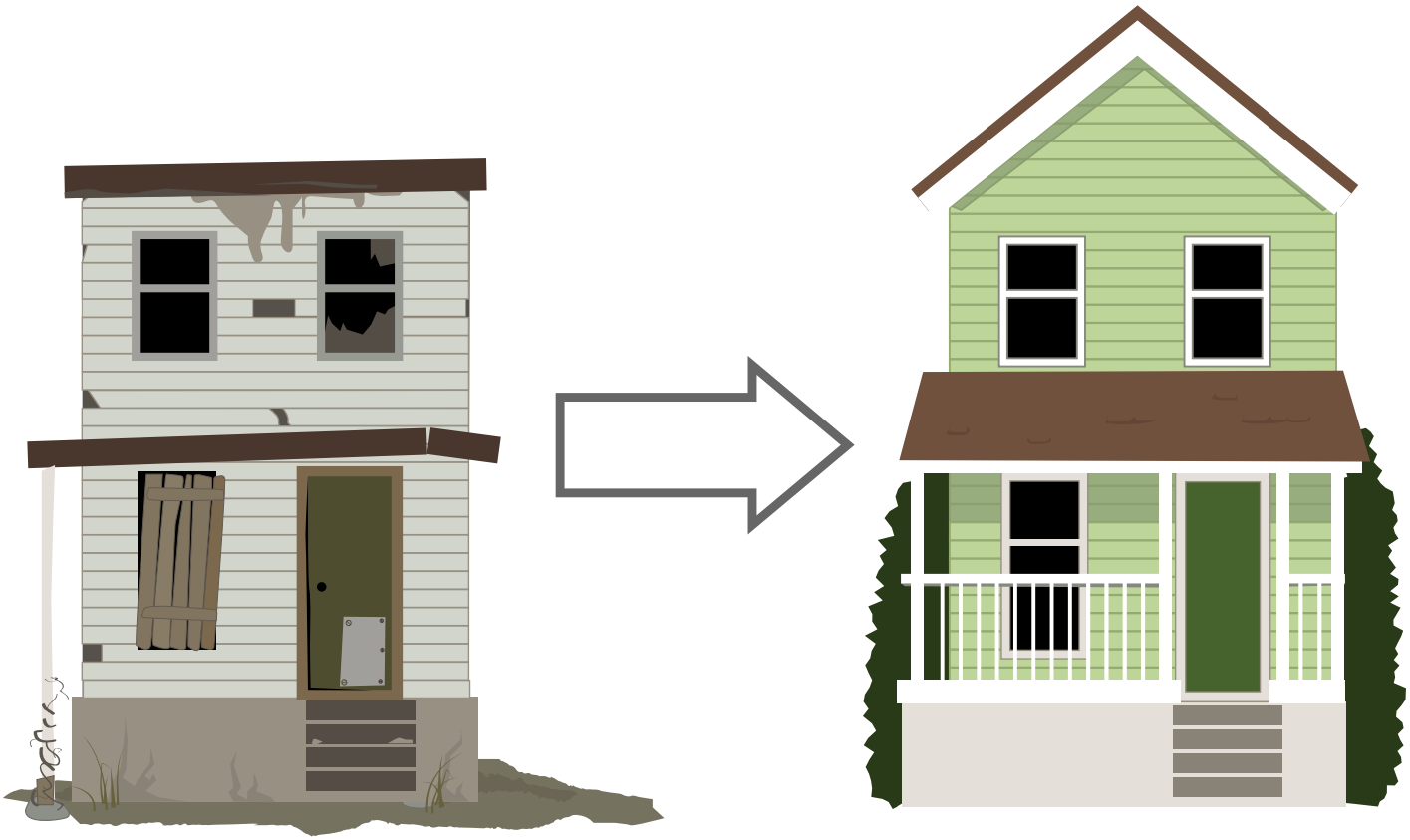
"The true successes of cancer have been made in prevention," notes Dr. Neugut, who is also professor of Medicine at the Herbert Irving Comprehensive Center at Columbia. "In particular, lung cancer rates have plummeted in the U.S.—but from the decline in smoking rates. There are other cancer success stories as well—from screening techniques for colon and cervical cancer to vaccines that will help wipe out the latter disease completely."

Neugut AI, Gross CP. Targeting the Cancer Moonshot. JAMA Oncol. 2016 Apr;2(4):421-2. doi: 10.1001/jamaoncol.2016.0328. PubMed PMID: 26940477.

The future of epidemiology

World class science, real world impact

BY CHARLES C. BRANAS, PHD



This past July, I was honored to be invited by the Mailman School of Public Health to speak on the future of epidemiology and its place in science more broadly.

Needless to say, it was a tall order—the field of epidemiology is a centuries-old science and my contributions only a few decades. Reflecting on the experiences that I have had, as well as those of my colleagues in the many cities, towns, and countries within which we have worked, I thought carefully on where the field of epidemiology has been and perhaps where it should go.

In responding to a request for some sort of vision for the field, I settled on a few core concepts that ultimately made me think epidemiology should build on its storied past and monumental accomplishments, but at the same time, stop under-selling itself as a science and downplaying its massive potential as an engine for change in the real world. Epidemiology is, and should be seen as, a world-class science that impacts the lives of real people, in ways we can all appreciate.

This short statement encompasses a lot so let me unpack its three core components:

- World class science
- Impacting the lives of real people
- Ways we can all appreciate

I recently read *The Great American University*, a book by former Columbia University Provost Jonathan Cole. In it, he argues that our U.S. research universities are creative machines unlike any other in history. They are central to our place in the world, intellectually as well as technologically. I couldn't agree more. I always tell people that America has two great exports: storytellers and scientists.

The U.S. does storytelling and science better than any other country. Hollywood manages to export our stories to the world like no other country. And our research universities export our science like nowhere else. Scientists, including epidemiologists, enjoy a privileged position in U.S. society. We earn decent salaries and we get to make our own way – there are no time cards to punch; we study questions that interest us, educate the next generation of scientists, and, for the most part, choose how we will spend our days.

Along with the many advantages we have in our working lives, we as epidemiologists also have certain responsibilities, perhaps the most important of which is to conduct research that is new and cool. We have a duty to be curious, imaginative, and skeptical. We also have a duty to do work that ultimately impacts real people in positive ways. To paraphrase John F. Kennedy: To those whom much is given, much is expected in return.

Has epidemiology lived up to this challenge?

The field has made some truly impressive contributions to humanity, including the eradication of smallpox, fluoridation of drinking water, improved motor vehicle safety, and recognition of tobacco as a health hazard. According to the CDC, the greatest public health achievements of the 20th century are built on epidemiology. Still, it was a list released by the National Academy of Sciences that dominated headlines in 2003. Based on media coverage alone, it would seem that the greatest achievements of the 20th century are largely not built on epidemiology and that innovations like electrification, automobiles, and airplanes are more deserving of recognition than inventions and programs emerging from the public health sciences and epidemiology.

Perhaps this is one reason why epidemiology does not receive the same level of attention as many other sciences. The public impression of the field was summarized years ago by a *Washington Post* reporter who wrote, "epidemiology is, by its very nature, much more inexact than the kind of science that puts people on the moon." An unfortunate statement, but one that I would argue is perhaps a useful ground-truthing for the field.

Epidemiology is a world-class science, but there are a few reasons why it is not always viewed as such.

I've often heard my colleagues complain about a scientific hierarchy, lamenting the existence of a continuum where the "harder sciences" (physical sciences) outrank the "softer sciences" (social sciences).

I think we as epidemiologists are viewed by the public as perhaps "medium-soft," somewhere between biologists and sociologists. And this view may be echoed among our scientific colleagues. At one of the large research universities where I had the pleasure of working, a mantra that I often heard was that, in the search for answers, there was a biologist who spoke to a chemist, who spoke to a physicist, who spoke to God, and scientific truth somehow emerged. The implication of this, of course, was that epidemiologists somehow had no place in the chain of scientific evidence.

This is how the public and other scientists see epidemiology. I believe the field has to contend with its image, which is improving, but still needs work.

The other major issue that stands in the way of epidemiology being viewed as a world-class science is that prevention, while saving millions of lives, is not a tangible product like electricity and, by design, not easily noticed and often overlooked. Epidemiologists have saved millions and millions of lives, and we're not getting credit.

To be considered a world class science, epidemiology must do a better job of touting accomplishments that would otherwise go unnoticed.

We could, of course, continue to march on without concern for our place in the pantheon of science. Doing so, however, would be a disservice to humanity.

Epidemiologists save lives. To insist that epidemiology receive greater recognition is to insist that the world take advantage of the field's unique and highly effective approaches for solving problems that touch large groups of people.

Competing for financial resources to fund our work is made easier if the public has even a basic idea what we do and, more so, if policymakers see epidemiology as an important force for change. There is great value to what we do and we must do a better job of broadcasting this fact.

In addition to promoting specific epidemiological success stories and breakthroughs, let's remind the world that epidemiology is a fundamental science with a centuries-old history, much the same as the 'hard sciences.'

'Epidemiology is a world-class science, but there are a few reasons why it is not always viewed as such.'

Whenever possible, epidemiologists should pursue 'win-win' science that produces knowledge while simultaneously helping communities in need.

Money tends to flow towards more recognizable sciences. Perform a quick search on USAspending.gov and you'll see that biology, chemistry, and physics, for example, receive four times more grants and contracts than epidemiology.

Even the term 'hard' science is misleading. Given the higher-order complexities and challenges inherent in studying large groups of people, epidemiology and the social sciences should more aptly be called the 'really hard sciences.'

So what else should we do as a field besides reminding others about epidemiology's centuries-old history and touting the real world implications of our work? We should also consider other actions like introducing epidemiology as an obligatory part of any general science curriculum at our universities. Teaching fundamental epidemiology to undergraduate students has been the joy of my teaching career, and ensuring the next generation of scientists has foundational knowledge about our field is critical to epidemiology's reputation in the decades to come.

Additionally, we must embrace team science. Fifteen years ago, 'multidisciplinary' meant getting a cardiologist and a cardiothoracic surgeon to work together. Since then, much has changed. As someone who develops programs targeting multidimensional public health problems like gun violence, I've collaborated with researchers from law and business schools, as well as city planners and engineers. Embracing mixed methods, including approaches that are not traditionally associated with epidemiology, enriches our field. Sharing our expertise with other disciplines showcases our many strengths and highlights for scientists outside epidemiology how we uniquely contribute to the world.

And contribute we must. Epidemiology should be an applied science and a force for change. We cannot simply study the distribution and determinants of health-related states or events; we must use our knowledge to actually intervene on diseases and other health problems for the betterment of humankind.

To paraphrase Dr. Inder M. Verma, Editor-in-Chief for the Proceedings of the National Academy of Sciences of the United States of America, we need to focus more on impact and less on impact factor.

Most academics, especially those working at research universities, aspire to publish frequently in top tier journals – but this is not the only (or even the most important) measure of success.

Whenever possible, epidemiologists should pursue 'win-win' science that produces knowledge while simultaneously helping communities in need.

Public health advocates, and I, of course, count us among them, seek to alter one or more components in the epidemiologic triad – acting on pathogens, people, or places. To curtail malaria's spread, for example, we can target the parasite itself, the behaviors of the people who are at risk for infection, or the swamp from which the mosquitos that transmit malaria emerge in the first place.

Addressing "place" can often have the largest effects and the most lasting impacts on health. As the CDC Director has noted, not all ideas to improve health will have the same levels of success and when it comes to choosing those that will have the highest impact we should be looking more to basic approaches that "make the healthy choice the easy choice" and that affect more people for longer periods of time. A 2012 letter in the *American Journal of Public Health* points this out and I often like to quote it in support of the importance of place: "if a brackish tidal pool is breeding mosquitoes that serve as a vector for malaria, the intervention of filling it in... may be far more likely to continue reducing the incidence of malaria five years after funding has run out than...expecting local community members to continue regular applications of larvicide."

Place-based interventions often cost less than programs aimed at changing people's behaviors and the benefits of these interventions often appear to be more sustainable over the long term. They can also address a wide range of public health issues. Gun violence is one example of a public health problem that is especially amenable to place-based interventions, which I have focused on in my own epidemiologic research.

There are substantial political hurdles to focusing on the users of firearms or the firearms themselves in working to reduce firearm violence. My research has shown there's another way to reduce gun-related injuries and deaths – changing places. Making improvements to urban neighborhoods, such as fixing abandoned building and greening vacant land, is inexpensive, scalable, and highly effective in the fight against gun violence. Experimental and quasi-experimental studies we've completed have shown a significant drop of

almost 40 percent in gun violence lasting for years after blighted urban places, like abandoned buildings and vacant lots, were remediated.

These sorts of place-based interventions are also key examples of 'win-win' science, something on which epidemiology can more overtly begin to focus. That is, our research to reduce gun violence not only raised funds from the NIH and CDC to conduct field trials of urban blight remediation and produce new scientific knowledge, it also concurrently managed to repair, clean, and green thousands of vacant and abandoned urban spaces in heavily under-resourced neighborhoods across multiple cities.

Our contributions to knowledge are thus only useful to the extent that they impact the lives of real people. But, again, what if the people (and policymakers) who would most benefit from these great epidemiologic actions remained unaware that they had ever been undertaken on their behalf? This brings me to the last component in my aspirational statement about the future of epidemiology, the notion that the impacts we have should be packaged in "ways we can all appreciate."

In saying this, I do mean 'all.' This includes fellow epidemiologists, other scientists, policymakers, and the public. The more the world knows about our work, the more grants we'll receive to pursue our research goals, the greater the likelihood that health-enhancing policies will emerge, and the better the chances that we'll improve the public's health.

We need to be scientists first but to reach those outside academia, we also need to be storytellers with clear, and compelling narratives that explain what we do. If you can convince the person sitting next to you on the subway that your research has merit, chances are you're on to something. And framing our science this way, so that a reasonably educated non-scientist would say, "Wow, that's really important!," gives our scholarship the focus it needs and really helps to refine and clarify for ourselves mechanisms and applications that we may not have seen in just presenting to our scientific colleagues.

As Atul Gawande has recently argued, it is unnatural to think like a scientist. We follow a purposefully dispassionate scientific method to minimize bias in our research. We 'fail to disprove' our hypotheses, and never 'prove' them since we must remain open to new evidence. It's easy to forget that this is quite a departure from normal thinking. We must remind ourselves that nonscientists, including policymakers and members of the general public, will often be baffled by our refusal as scientists to 'take a side' and that the very cornerstone of scientific discourse is dissent and constantly evolving findings.

Yes, it's challenging to describe our findings in a way that nonscientists can understand, but communicating with a broader audience is critically important. It's enormously beneficial to get the media and the public at-large behind our work.

Talking with reporters about your research, providing compelling statements that convey its real-world implications, and always exuding the enthusiasm that motivated you to start your decades-long research project in the first place, will ensure that your scholarship does what it is intended to do: improve public health.

Take the time to really think about how to frame and deliver your message. Whenever possible, use analogies to explain concepts—mitochondria are like factories—and describe magnitude with comparisons to familiar objects—enough hazardous waste to fill a hundred Olympic-sized swimming pools. A little imagery and social math go a long way.

Preparing a "three-minute thesis" to summarize your latest study results isn't dumbing-down your scholarship; it's making it accessible to those who can benefit from it. After all, isn't that why we became epidemiologists?

As epidemiologists we owe it to the world to create the highest caliber science and disseminate this science in ways that will ensure it is understood and applied to significantly improve the public's health. World-class science that impacts the lives of real people, in ways we can all appreciate—it's a vision for the future of epidemiology that is hopefully intuitive to many of you, and one that we should doggedly embrace as a field and teach to our students.

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Injuries, including those caused by guns, are preventable

Conference discusses how to reduce avoidable harms

Fate does not dictate when or where injuries will occur. They're predictable and preventable, according to Guohua Li, founding director of the Center for Injury Epidemiology and Prevention and former interim chair of Epidemiology who spoke at a recent injury conference at Columbia's Mailman School of Public Health.

Injuries are "the leading cause of death and disability in children and young adults worldwide," he said.

And suicide is the world's number-one cause of injury death. It's much more common than homicide, even when firearms enter the equation. Approximately 10,000 Americans will be killed in gun murders this year—but twice as many will die from suicide.

Mass shootings are especially rare—though that's difficult to keep in mind while still reeling from the attack on an Orlando, FL nightclub that killed 49 people just days before the fourth annual meeting of the Center for Injury Epidemiology and Prevention took place.

At the recent injury conference, keynote speaker David Hemenway, director of the Harvard Injury Control Research Center, addressed the audience's solemn mood directly in his talk, adding "We need much better data on gun violence."

Without good data, much of what we think we know about guns, suicide, and murder could be wrong. Many people assume that those who want to kill themselves will find a way—that their minds are made up and something as simple as not having the tools for their demise readily available couldn't possibly affect the outcome. That assumption, Hemenway said, is misguided.

The research shows that suicides rates fell significantly when pesticides were made less toxic in Sri Lanka, when the carbon monoxide levels in gas for stoves were lowered in the UK, and when armed forces throughout the world stopped allowing soldiers to take their guns home on weekends, said Hemenway at the conference.

Gun ownership makes it easy to kill yourself—a gun in the home is associated with a suicide rate that is three times higher than average—and states with more guns have more suicides, he added.

Contrary to popular thinking, suicides probably aren't well planned and those who kill themselves likely wouldn't have had the energy to overcome many obstacles, said Hemenway. When those who have attempted suicide are surveyed, nearly all report that they decided to kill themselves less than 10 minutes before acting.

The good news is that if public health advocates can make the tools that people use to end their lives less available or less lethal, suicides will plummet.

The bad news, of course, is that the feasibility of putting this plan into effect may be low—gun control, in particular is a hot button political issue.

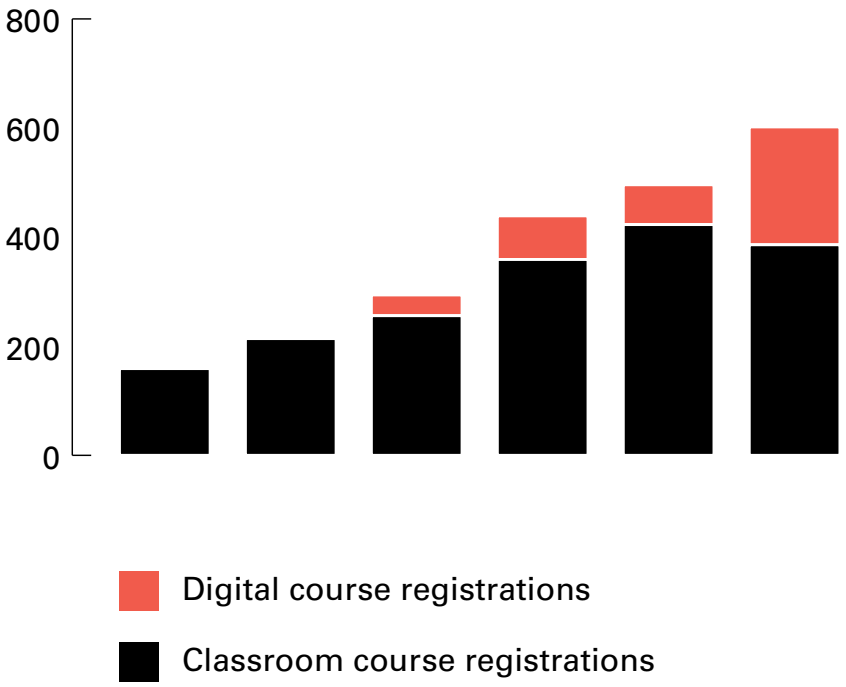
Hemenway did offer one simple, life-saving solution that can be enacted at the individual level: If someone you know seems sad, angry, or depressed, offer to 'babysit' his or her gun. Doing so, could prevent a suicide or murder.

Another speaker at the event, Ted R. Miller, principal research scientist at the Pacific Institute for Research and Evaluation, said the average gun causes 695 dollars' worth of injuries each year. All injuries combined cost the U.S. about $2.8 trillion annually, he added.

EPIC: Registration growth by year

The Epidemiology and Population Health Summer Institute at Columbia University (EPIC) had its best year to date in 2016 with a 21.4 percent increase in registrations compared to the previous year. The number of students who enrolled in digital courses nearly tripled from 2015 to 2016.

Registration growth by year



Interested in EPIC?

- EPIC offers condensed summer courses on a wide range of epidemiological topics for anyone interested in public health. Registration opens every January with tuition discounts available for registrations received prior to April 1. Learn more and enroll in classes at › cuepisummer.org.

Some of our most popular EPIC courses include:

- Qualitative Research Methods
- Introduction to GIS in Public Health
- Propensity Score Matching
- Microbial Communities Profiling via QIIME and Qiita
- Program Evaluation for Public Health
- Applied Logistic Regression
- Analysis of Complex Survey Design
- Multi-Level Modeling

Supporting student research

Money earned through our summer institute supports student learning by paying travel and registration costs so budding researchers can attend and present findings at conferences. The EPIC Fund's first award cycle was September 2011 and over the last 5 years, a total of $72,000 has been distributed to advance 150 students' educational and professional development.

"I appreciate the EPIC Fund's existence and dedication to furthering academic interest and pursuits in its department's students."

Elizabeth A. Gibson, MPH
PhD Candidate, Mailman School of Public Health, Columbia University

Attended the annual conference of the International Society for Environmental Epidemiology (ISEE) and presented a poster titled "Molecular effects of in utero cadmium exposure."

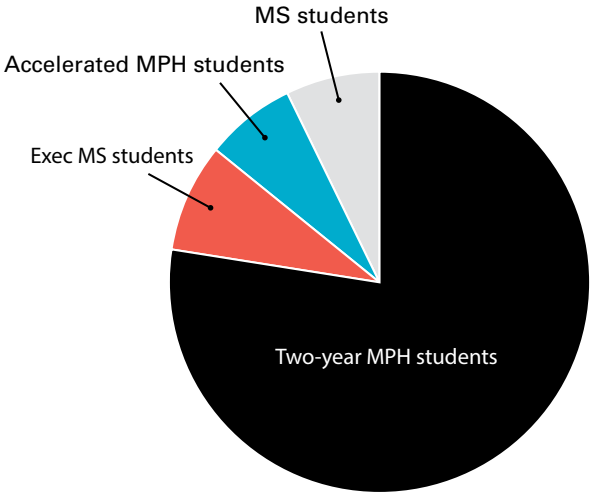
"It was a great experience seeing the monumental push of so many researchers... work collaboratively towards an HIV cure to achieve an AIDS-free generation."

Anton Palma, MPH
ICAPT32 Pre-doctoral Fellow, Mailman School of Public Health, Columbia University

Attended the International AIDS Society meeting on HIV Pathogenesis, Treatment and Prevention, and presented a poster on determining patient preferences for HIV care in Mozambique and Ethiopia.

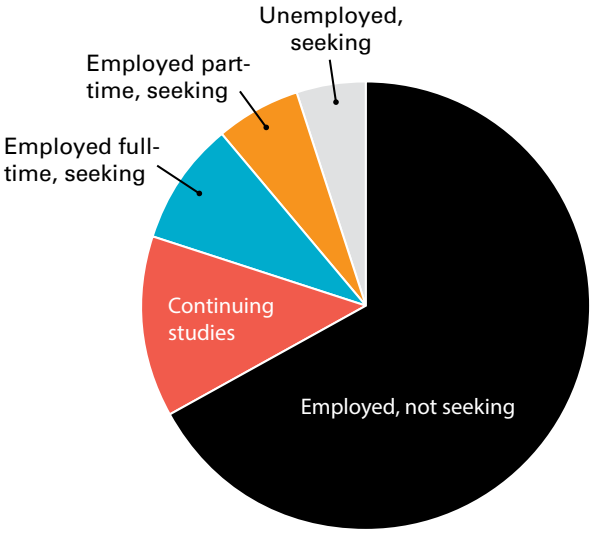
Fall 2016 incoming students

The Mailman School of Public Health has the largest MPH program in the country and Columbia's epidemiology department grants more MPH degrees than any other department within Mailman. We welcomed 170 new epidemiology students in Fall 2016, and 15 percent of the incoming cohort hails from outside the United States.



Epidemiology graduates: Employment outcomes

Our graduates are in high demand. Ninety-five percent of Columbia Department of Epidemiology graduates are employed at least part-time or pursuing additional education six months after earning their degrees.



Epidemiology graduates: Work type

The two fastest-growing employment sectors for Columbia epidemiology graduates between 2012 and 2016 are "consulting" and "other for-profit," while employment at universities appears to be in decline. The school-wide and epidemiology department data below are for the 2015 graduating classes.

SECTOR	SCHOOLWIDE	EPIDEMIOLOGY
CONSULTING	15%	18%
HOSPITAL	23%	19%
GOVERNMENT	13%	18%
NONPROFIT	10%	5%
NGO	6%	1%
PHARMA/BIOTECH	6%	5%
RESEARCH	5%	7%
UNIVERSITY	14%	14%
OTHER FOR-PROFIT	7%	13%

U.S. suicide rate at 30-year high

The suicide rate in the United States has surged to its highest level since 1986, with increases for every demographic group except black men and people aged 75 and older. This past summer, *The New York Times* turned to Dr. Madelyn Gould, professor of epidemiology in psychiatry, for answers. In the August 19, 2016 article, she discusses the need for physical barriers on The George Washington Bridge, how journalists can mitigate 'suicide contagion' with responsible reporting, and her three-decades-long career as a suicidologist. "Suicide contagion is real, and the language and publicity surrounding deaths by suicide concern me immensely," she says. Read more on *The New York Times* › nyti.ms/2b7v2Ts.

Additional coverage of this important topic during 2016 includes:

- Disturbing Suicide Cluster Prompts CDC to Start Investigation in Palo Alto (story quoting Dr. Gould)—Read more on *ABC News* › abcn.ws/1QkjdTS
- Suicide Rate Is on the Rise in NYC (story quoting Dr. Guohua Li)—Read more on *DNAinfo* › dnain.fo/2cqusOV
- No Easy, Reliable Way To Screen For Suicide (story quoting Dr. Li)—Read more on *NPR* › n.pr/2fSkRFC

The opioid epidemic

Deaths from opioids, including prescription pain medications, heroin, and fentanyl, have quadrupled since 1999. In a *New York Times* letter to the editor that ran on March 16th, Dr. Guohua Li recommends that the DEA "crackdown on physicians running pill mills" and that Congress open an investigation into the FDA's proper role and hold hearings on how the pharmaceutical companies' marketing approaches and other business practices may be contributing to this "completely man-made epidemic." Read more on *The New York Times* › nyti.ms/1SxgWZp.

More opioid epidemic news:

- Rise in Heroin Use and Prescription Opioid Abuse (story quoting Dr. Silvia Martins, associate professor of epidemiology)—Read more on *Psychiatric Advisor* › epi.is/2dUUjjp
- Keep Moving on Opioid Abuse Efforts (opinion piece by Dr. Lloyd Sederer, professor of epidemiology)—Read more on *U.S. News and World Report* › epi.is/2cx3Z4u
- Painful Shadow of Prince's Death: Opioids aren't going anywhere. (opinion piece by Dr. Sederer)—Read more on *U.S. News and World Report* › bit.ly/1NJyTp3

Gun violence in America

In June 2016, days after the Orlando nightclub shooting, the American Medical Association called gun violence a "public health crisis," and, in a video statement, Dr. Sandro Galea, professor of epidemiology, asserted that "It's time for us to collect better data so we can understand the consequences of gun violence." Suicides account for nearly two-third of gun deaths and assaults constitute about one-third of gun deaths. Read more on *U.S. News and World Report* › epi.is/2gkx06K.

Other gun violence news during the past year:

- Study: 3 federal laws could reduce gun deaths by more than 90% (story quoting Dr. Bindu Kalesan)—Read more on *CNN* › cnn.it/1QMwFo7
- There's a 99 Percent Chance You'll Know A Firearm Victim In Your Lifetime (story quoting Dr. Galea)—Read more on *The Huffington Post* › huff.to/2f8JfQ3
- Getting Smarter about Guns, One State at a Time (story by Dr. Galea)—Read more on *The Boston Globe* › epi.is/2fAoSOk
- Do gun restrictions help reduce gun deaths? (story on research by epidemiology doctoral student Julian Santaella-Tenorio, and Drs. Magdalena Cerdá, Andrés Villaveces and Sandro Galea) › epi.is/2fZQzOH
- Why Cleaning Up Abandoned Lots Can Reduce Shootings (story on research by Dr. Charles Branas)—Read more on *Pacific Standard* › epi.is/2fjeyXb
- 6 proven policies for reducing crime and violence without gun control (story on Dr. Branas' research)—Read more on *Vox* › epi.is/2gDqSYm

Uncovering pedestrian death traps

The U.S. has more traffic-related deaths than most other affluent countries. Recognizing that pedestrians in urban hubs are particularly vulnerable, Dr. Andrew Rundle, associate professor of epidemiology, is using home-built software called CANVAS to analyze photos on Google Street View for virtual road audits. With the help of epidemiology doctoral student Stephen Mooney and colleagues, Dr. Rundle is able to identify infrastructure problems that heighten risks to pedestrians in a fraction of the time and at much lower cost than would be possible with traditional methods, which might involve visiting hundreds of intersections in person over the course of several months. Read more on *New Scientist* › epi.is/1QoKnJh, *Forbes* › epi.is/2g07CPr, and *Science Daily* › epi.is/2eKMMaL.

Fetal exposure to antidepressants may contribute to language disorders

The most common type of antidepressant drug prescribed to pregnant women, selective serotonin reuptake inhibitors (SSRIs), may increase the likelihood that offspring will develop speech or language disorders, according to a study by Dr. Alan Brown, professor of epidemiology and psychiatry. About 1 percent of children born to depressed mom who abstain from antidepressants are diagnosed with speech or language disorders; taking an SSRI increases the risk to about 1.37 percent. "I don't think individuals have to worry about this, but I do think at the population level, it makes a very big difference," Dr. Brown told *CNN*. Read more on *CNN* › cnn.it/2dZ8kgt.

Good news for young gamers

Playing video games may actually be good for young kids, finds a study by Dr. Katherine Keyes, associate professor of epidemiology. After adjusting for age, gender and number of siblings, a high level of video game usage was associated with a 1.75 times greater chance of elevated intellectual functioning and a 1.88 times greater chance of enhanced overall school competence. Children who played video games more often also tended to have fewer relationship problems with their peers compared to those who played less often or not at all. Read more on *Medical News Today* › epi.is/2eKSPw2.

Gender differences in alcohol consumption shrinking

Women now drink nearly as much alcohol as men, according to a study by Dr. Katherine Keyes. An accurate picture of alcohol consumption is essential for developing effective treatments, she told *CNN*. While the research project did not investigate reasons for the convergence, she and her team offered changing traditional gender roles for women as one possible explanation. Read more on *CNN* › cnn.it/2eGfJAQ.

Correcting the 'patient zero' myth

French-Canadian flight attendant Gaëtan Dugas has long been blamed for spreading HIV to the United States, but talking about a 'patient zero' reveals a critical misunderstanding about how infectious diseases spread. "It may make more sense to talk in terms of super-spreaders than patient zeroes," Dr. W. Ian Lipkin, John Snow Professor of Epidemiology told *CNN*. "It is not uncommon for infectious agents to percolate in the environment for years or even decades without detection," and agents can enter the human population in more than just one person. Read more on *CNN* › cnn.it/2fk91Rm.

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