

**In This Issue**

[Message from the President](#)

[ACE 2013 Annual Meeting](#)

[Focus on Committee Efforts](#)

[YOU are the face of ACE](#)

[Associate Directors Report](#)

[Learning from the Unexpected](#)

**Calendar**

2013 ACE Annual Meeting  
September 21-24, 2013

**Fellows Corner**

Newly Appointed Fellows  
Winter and Spring 2012-13  
Muin Khoury  
Mehmet Dorak  
Xinzh Zhang  
Ian Rockett  
Donald MacDonald  
David Gute  
Jennifer St. Sauver

**Message from the President: Mid-Year Report**

*by Edward J. Trapido*



Over the last six months, I have challenged ACE Committee Chairs and the Board of Directors to help move ACE to be a more current, interactive, and innovative organization. I am happy to say that there has already been progress! The annual meeting, for example, has a theme of "[Innovation in Epidemiology: Reframing Approaches to Research Questions.](#)"

This is an opportunity to hear and contribute to the future of epidemiology. Other innovations relate to an improved ACE website, providing ACE members with an opportunity to be spokespersons for [MedPage Today](#), a revitalized membership in and involvement of ACE committees, updating ACE's Strategic Plan, increasing ACE's visibility on Facebook and Linked in, an effort to increase and improve ACE's involvement with the Annals of Epidemiology, and planning for the 2016 North American Congress of Epidemiology with our sister Epidemiologic organizations and societies. Coincidentally, the US Department of Labor is in the process of updating its descriptions of occupations. The existing [Summary Report for Epidemiologists](#) begins with "Investigate and describe the determinants and distribution of disease, disability, or health outcomes. May develop the means for prevention and control." They have asked ACE and others to help them identify individuals who could assist with updating this description, and the information which accompanies it (Tasks, Tools, etc.). Much has changed since the last update (2010), especially in the tools that many epidemiologists use.

As a not unbiased person, that definition does not capture the excitement of epidemiology for me, nor would it entice me to enter the field. What it does not capture is the challenge of how epidemiologists might deal with a city wide environmental disaster and its short and long term health effects, the need to quantitate the effect of climate change on human health, how to

measure and intervene with the burgeoning chronic diseases burden in low-middle income countries, developing evidence-based and ethical policies on best practices in health care, determining what the risk factors and early markers are for an increasing incidence and prevalence of dementia and Alzheimer's diseases, investigating how to lessen the emerging threat of drug-resistant infectious agents (such as CRE), why there is a widening of disparities in illness between some population groups, understanding common metabolic pathways of some of the preeminent causes of mortality, making sense of the gargantuan amount of -omics data which might explain why an exposure may partially cause the development of pathology, why parks and green spaces are public health issues and no longer solely the domain of architects or developers, or how social media can be used in a variety of fundamental epidemiologic activities, such as surveillance, education, surveys, etc. I am thrilled that ACE has been identified as a source of expertise to help the US Department of Labor in this updating.

Once again, I thank you for your continued involvement with ACE, and for the opportunity to serve as your President and Chair of the BOD, this year.

---

## Top Stories

### ACE 2013 Annual Meeting, Louisville, Kentucky

*by Kris Fennie*



Innovation. How can we incorporate new and different approaches in our science? The theme of the 2013 ACE Annual Meeting, Innovation in epidemiology: Reframing approaches to research questions, will address answers to this question. The meeting will be in Louisville Kentucky, September 21-24,

2013. Inherent in this year's theme is the broad applicability of this question and potential answers to all aspects of epidemiology, from the molecular to the social. It will be a creative and exciting meeting to inspire us to think in new ways.

Traditionally, epidemiologic research is incremental. We develop research questions on previous findings, either in the context of replication, or an incremental advance or extension of a previously stated hypothesis. This is an appropriate approach. However, does this paradigm thwart innovation and creativity, thereby slowing or limiting major advances? What are alternative strategies to advance research? How we frame our approach can determine the direction and extent of our creativity; it can be restrictive to see other possibilities or alternative explanations and hypotheses. Reframing can lead to new inquiry. Borrowing or incorporating aspects of other disciplines (ie a transdisciplinary approach) is an essential tool to help guide us. Through a series of keynotes, plenaries, roundtables, and workshops we will explore these issues more deeply and have lively conversations about our field. This will be done in the backdrop of picturesque Louisville Kentucky from Saturday, September 21 to Tuesday, September 24, 2013. For more information on the meeting and abstracts, [click here](#). We hope to see you in Louisville.

---

## **Focus on Committee Efforts: Ethics Guidelines**

***by Thomas Weiser, Jennifer Fergenbaum and Heshu Duggirala***

A subcommittee of the Ethics Committee has been working on reviewing the Ethics Guidelines. The Ethics Guidelines were a result of substantial thought and reflection. When the Ethics Guidelines were adopted, in 2000, the idea was that they were dynamic guidelines, which would require occasional updating and revisiting. In our current review, we have annotated where some additional modifications may be considered. We are interested in your feedback on proposed revisions to the Ethics Guidelines. The current Ethics Guidelines and a draft of proposed revisions can be found on the [Ethics Committee](#) webpage.

Please [click here](#) to complete this short survey.

### **Conflict of Interest**

The current ACE ethics guidelines state that:

#### **2.9. Avoiding Conflicts of Interest and Partiality**

*Epidemiologists should avoid conflicts of interest and be objective. They should maintain honesty and impartiality in the design, conduct, interpretation, and reporting of research.*

This is as far as the document goes in discussing Conflict of Interest. Well-presented and thorough conflict of interest guidelines have been developed for epidemiologists by Beauchamp, Weed and others in the past. However, the Ethics Committee felt the need to develop and adopt a set of guidelines unique to the College that represents current challenges that epidemiologists may face.

The proposed new Conflict of Interest Guidelines provide a definition of what exactly is a conflict of interest as well as advice on how to avoid or reduce a conflict or perceived conflict. The Guidelines emphasize that an epidemiologist on the payroll of a corporation, a university, or a government does not encounter a conflict of interest simply by the condition of employment. However, a conflict exists whenever an epidemiologist's role in accommodating their employer compromises responsibilities to others who have a right to expect unbiased epidemiologic work. This is the heart of the Guidelines.

### **Industry and Academic Partnerships**

The potential for conflicts of interest and conflicts of scientific integrity that can occur in academic and industry partnerships are an important concern for many epidemiologists. A set of best practice guidelines have been developed that outline certain guiding principles such as publication rights, data-ownership and intellectual property rights, that could be helpful to epidemiologists when such partnerships are developed.

The Ethics Committee welcomes your input and comment on these revisions to previous guidelines and proposed new guidelines. We especially welcome comments on how the documents may be improved with either additional examples or other sources to reference.

To help facilitate member feedback, we have created a short survey which is posted to the Ethics Committee webpage. Alternatively, members can write directly to Tom Weiser, Ethics Committee Chair ([tweiser@npaihb.org](mailto:tweiser@npaihb.org)), Jennifer Fergenbaum, Ethics Committee Vice-Chair ([Jennifer.Fergenbaum@hqontario.ca](mailto:Jennifer.Fergenbaum@hqontario.ca)), or Hesha Duggirala ([Hesha.Duggirala@fda.hhs.gov](mailto:Hesha.Duggirala@fda.hhs.gov)).

---

## YOU are the face of ACE: Introducing the Website Photo Contest!

*by Cathy Critchlow*



It is time to update the slideshow on the ACE homepage, and we would love to include your photo! ACE members represent the diversity of the field of epidemiology, and this is something we hope to reflect in the website. Multiple photos may be selected for the website, with the top 3 being selected for awards:

1st place: \$125

2nd place: \$75

3rd place: \$50

Whether you work in an office setting, in a laboratory, or out in the field, this is your chance to shine! Please send your photo to Cathy Critchlow at [ccritchl@amgen.com](mailto:ccritchl@amgen.com) by August 1st, 2013. If your photograph includes colleagues, that's even better! Just be sure to get their permission for web posting, and include their approval when sending the photo to Cathy.

### **Photo Contest Rules**

By submitting a photo entry, you are agreeing to the rules of the contest stated below and have the rights to release your photo for commercial use. All photos submitted to the ACE Photo Contest will become the property of ACE and can be utilized in ACE-related materials.

### **Who may enter:**

Epidemiologists and public health professionals (ACE



membership not required)

**What to enter:**

Photo submissions depicting epidemiologists working in any of the following settings: fieldwork (globally or in the US); clinical (e.g., giving vaccines, performing health examinations, etc...); laboratory (researchers performing lab work or analyzing lab results; or general (e.g., giving a presentation, talking with students, working in an office, etc...)

**How to enter:**

Submit your photo(s) to Cathy Critchlow at [ccritchl@amgen.com](mailto:ccritchl@amgen.com) by August 1st, 2013. Up to 10 photos per entry are allowed. Please submit your photos with the subject line "ACE Photo Submission". Entries that do not conform to these regulations may be subject to exclusion from the contest.

**Entry deadline: August 1st, 2013**

**Judging of photo submissions:**

The ACE Communications Committee will judge all photos. Multiple photos may be selected for the website, which will be posted on [www.acepidemiology.org](http://www.acepidemiology.org) in Fall 2013, mentioned at the ACE Annual Meeting, and included in the Fall ACE Newsletter. ACE will notify the winners via the contact information provided at the time of entry. The winners must respond to the email notification within 4 weeks to receive their cash prize. The ACE Communications Committee has the right to cancel the contest or modify these rules if necessary. The ACE Communications Committee reserves the right to not award a prize based on the quality of photos received.

---

## Associate Directors Report



*by Bertha Hidalgo and Sophia Allen*

Outgoing and Incoming Associate Directors

Greetings Associate Members! We are in the midst of quite a few endeavors and welcome your suggestions, feedback, and contributions as some of these come to fruition! Among them is included planning for workshops and activities that will cater to Associate Members during the Annual Meeting in Louisville, KY (Sept. 2013). We also thank you profusely for your participation in our Annual Survey! We doubled our response rate from last year and were excited to award one lucky Associate Member, Hyacinth Hyacinth, with a FREE Nook Touch!

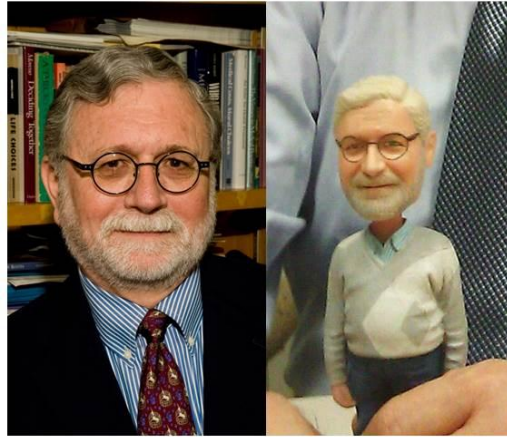
We encourage you to follow our progress via meeting minutes sent on a bi-monthly basis, updates posted on Facebook, as well as information on LinkedIn. The ACE webpage has information regarding the annual meeting, which we highly encourage you to attend. Like last year, we are working on securing funds to aid with travel expenses, so be on the lookout for a call for applications for these travel grants!

As previously mentioned, the Associate Member Committee remains active, meeting on a bi-monthly basis! We encourage you to join our monthly calls and increase your participation within our committee and the College! The Associate Member Committee continues to offer a range of leadership opportunities to even the newest Associate Members who are interested in becoming more active in the College, including Survey Director and liaisons for committees. After acquiring some experience and basic familiarity with the committee's activities and direction, Associate Members are encouraged to apply for Chair of the Associate Member Committee -- which comes with a seat on the ACE Board of Directors!

Finally, please do contact us (Bertha and Sophia) with any questions, ideas, or input for Associate Members ([aceassocmember@gmail.com](mailto:aceassocmember@gmail.com)), remember to "Like" our Facebook page, [www.facebook.com/joinACE](http://www.facebook.com/joinACE), and to join our network on LinkedIn, [www.linkedin.com/pub/american-college-of-epidemiology/61/46/872/](http://www.linkedin.com/pub/american-college-of-epidemiology/61/46/872/), for updates and announcements. Our next bi-monthly Associate Member general meeting will be on Monday, June 10, 2013 (8:30 pm-9:30 EST).

## Learning from the Unexpected: An Interview with ACE Past-President Robert McKeown

by Melinda Aldrich & Christina Arcari



*Robert McKeown and his bobble head clone, a gift from a group of his graduate assistants*

Melinda Aldrich & Christine Arcari sat down with Robert McKeown (ACE President 2011-12) and asked him about his unique career path, how he became interested in epidemiology, and some of his thought on the direction of the field and ACE.

**Melinda & Christine.** At what age did you become curious about science?

**Robert.** I was always curious about things, and that sometimes got me in trouble. I did all the typical science things. I remember doing an experiment in high school that resulted in the release of chlorine gas throughout one end of the school and the teachers weren't particularly pleased with my curiosity. (Note: no one was harmed; it was just enough to produce an odor not much worse than being at a heavily chlorinated indoor pool.) It's not just science, but solving problems that has always been fascinating to me. I went to Furman University, a small liberal arts college in South Carolina, which had a very strong chemistry department, so I majored in chemistry because it tapped that interest in solving problems.

**M&C.** You've been in South Carolina a long-time, then?

**Robert.** I was born and grew up in South Carolina and went to college there. Then I took a detour and went to Duke for what was supposed to be a trial year at seminary to study theology and ended up staying seven years and ultimately getting a PhD.



**M&C.** So why seminary? What was the evolution of that?

**Robert.** A lot of it had to do with asking, “Where do you have gifts and where do you see those gifts finding an expression or making a contribution?” This was another dimension that studying chemistry didn’t satisfy. My dissertation was on Michael Polanyi, a physician and physical chemist who had breakthroughs in x-ray crystallography and became a philosopher of science later in life. I spent a few years on faculty teaching religion and philosophy and on staff of congregations as a pastor. When I was a pastor I organized community health fairs. I realized there were intellectual muscles that weren’t getting exercised enough. So I went to a career assessment workshop that was sponsored by the church. I received a lot of helpful hints. I then went to Johnson O’Conner Research Foundation, a 90-year-old institute with offices all over the country. Their approach is to explore aptitudes, rather than interests or skills. They do a day and a half of testing of aptitudes, things that are more or less innate, to assess things that you are good at and things you are not good at, as well as some general personality characteristics that define how you work. After a day and a half the counselor said, “There is no job for you, but we do think we know something about you.” She then described my office with incredible accuracy, and then the way I went about writing papers, which was more uncanny than her description of the office. She went on to describe 3 or 4 more things. She then said – I’m paraphrasing from memory - here’s the kind of thing you need to be looking at - complex problems that are multi-layered, where you aren’t doing the same thing over and over again, where you can apply the same approaches to a lot of different problems, where things are multi-dimensional, not just linear. Given what we know about the way you make decisions, here’s what you need to do, and she outlined a process. Putting aside my usual rebellious nature, I decided to follow her advice. Over the course of the next year I interviewed a lot of people; I did a lot of research; I kept a journal as they suggested. One of the people I interviewed was Clark Heath who was a cancer epidemiologist in South Carolina at that time. Then a year later I went back and told them I think I’d like to go back to school to study epidemiology and they said we think that is a great idea.

Fortunately, for me the University of South Carolina was willing to take a risk with a 40 year-old guy, who had a background in Theology and Chemistry. While I was writing my dissertation, they asked if I would stay on the faculty. They gave me a class of 60 people the first semester to teach. So there I was teaching Intro Epi and finalizing my dissertation. I

stayed there ever since and retired in June. I still have an appointment there to develop a career-mentoring program in the School of Public Health. I am also continuing to work with CDC who funded a lot of my research for the last 10 years.

**M&C.** Do you feel that having the PhD in Theology has helped you with your research?

**Robert.** Well some of the work I have done has been with health-related interventions in congregations. It also gives me a certain perspective on things. I have done some work in public health ethics and research ethics, and it was helpful as a foundation for that work. So, yes it wasn't time wasted.

**M&C.** Do you think it affected how you approached epi problems?

**Robert.** I think it made me more receptive to understanding the socio-ecologic model and subtleties of context and the important role of communities. While a lot of the work I have done in psychiatric epi hasn't been directly related to that theological background, my training in counseling as part of career has certainly been relevant to doing work in mental disorders in children. And I hope it's made me a better listener.

**M&C.** How did you get into your focus in epidemiology?

**Robert.** I started out in perinatal epidemiology and that was largely because South Carolina had awful infant mortality rates. The focus of my dissertation was necrotizing enterocolitis. Clinically I worked in a neonatology division in the hospital. But what paid the bills for the longest period was working on a longitudinal study of adolescent depression. I became more and more immersed in that project and, again, given my background and recognizing the importance of mental health to health in general, I saw that mental health is a major public health issue but is often underappreciated. So I got more and more into psychiatric epidemiology with only occasional perinatal epi projects. I got into ethics when I joined ACE and ran into some people who were working on the ACE ethics guidelines. I had never been a specialist in ethics but being on faculty at a small college I had to teach ethics, and had some training in ethics, so I sort of fell into it by engaging with folks in ACE who worked in that area. And that's an important point I want to make. Over the last two years I've done an orientation for new ACE Board members and chairs and one of things I've asked them is, "What is it you like about ACE?" One of the consistent answers, and one of the things that really draws them in, is that they have been pulled into doing jobs and feel valued.

That's an important reminder for those in leadership positions – we need to continue to reach out to folks and pull them in and be sure they understand their contributions are important.

**M&C.** So is that how you got involved in ACE?

**Robert.** Yes, I got involved in the Ethics committee and then chaired the Ethics committee.

**M&C.** You mention that you are going to help put together a career-mentoring program at USC, what has been some of the best advice you have given to others and you have been given?

**Robert.** I was on a Career Mentoring Panel a couple years ago, and in preparing what I should say, I remembered an event that occurred when I was a graduate student the first time and we had Huston Smith, a star in Comparative Religions and highly respected, as a guest lecturer. There was a reception for him and I was in awe of him. I saw graduate students come up to him and ask him all sorts of questions. He treated every person with such respect, listening to them and responding to them, taking them seriously. I thought, "I want to be like that when I grow up." I still think that: I still aspire to that attitude of acceptance and listening to people. But the other thing I realized much later is that this guy was mentoring me and I didn't even know it. (He didn't even know it.) I came to realize how much mentoring we do when we aren't even thinking about it, and perhaps the most important mentoring we do is the model we set for professional practice and for ethical conduct and for relationships with other people. You can tell a lot about a person by the way they treat support staff. That was a real insight for me, to recognize we are always being looked to by our colleagues, by students and by junior faculty. The other side of that is that sometimes the best mentoring you receive is when it is not intentional or explicit, but by observing and emulating people.

**M&C.** They must see you as a mentor at USC to ask you to do this.

**Robert.** We have had a huge influx of new faculty because of turnover and expansion of faculty. I asked people in the new program to say what they want and then designed the program to offer models and skills that are important to them. Another thing that I think is important: when I first went to USC the department of epi and biostat were on the same floor as the department of health promotion. At one point I made a comment about collaborating with the other department and the response was "you don't want to work with them". It has been

really interesting to observe the transition over a 20 year period from “you don’t want to work with them” to the expectation that work we do is going to cut across disciplinary lines. It’s

been interesting to observe this happen in a very concrete way. So one of the pieces of advice I give is not to be afraid to talk with other people, to go out of your comfort zone and discipline, to talk to other people to engage them, to work with them, and to learn from them as they learn from you.

**M&C.** I know that you initiated the ACE Creative Thinking task force. What was the impetus for this?

**Robert.** That was another thing in my life that was a serendipitous or an accidental thing. That too is an important lesson: “learn to capitalize on the surprises or the unexpected that come into your life.” Roberta Ness had done a talk on Innovation and has since written a book. I just happened to stumble upon a conversation between Nancy Krieger and Sandy Sulsky saying that we should try to do something to follow up on the talk. So we began thinking about planning a workshop to take place at the next epi Congress. Over the course of many discussions, the decision was made to do a lunch roundtable that ended up with more than 50 people. Aside from the fact that the table wasn’t round – in fact it was standing room only with some sitting on the floor – and we didn’t get lunch, the three of us moderated the discussion, and out of that discussion we wrote a short piece for the Annals of Epidemiology. I then asked Nancy and Sandy to form the task force and provide some general recommendations to the ACE Board on promoting innovation and creative thinking. The result was more than I ever could have hoped for and the Board was very pleased. We are going to write a little preamble as to how this came about and that report is on the ACE website. I hope that it can be adapted for publication in the Annals. The Board also feels that it needs to be shared with Chairs of Epidemiology departments.

**M&C.** Why do you think this is coming up at this point in time or in your career?

**Robert.** I think epidemiology is like a lot of disciplines – always in danger of becoming stodgy. In the age of scholasticism much of the scholarly work was just notes on the notes on the notes. We continue to need to be informed by our tradition and particularly some of the traditions that grew out of our public health origins, the commitment to improving populations. As one of the IOM reports said, the queen of the public health sciences is epidemiology. The current ferment is, in part I think, a result of the challenges that we face and a

recognition that some of the methods we use are not adequate to those challenges, and increasingly that we need to be working with people who have insights and perspectives that differ from ours – all of those things seem to be coming

together and fermenting. The result is the realization is that we need to be open to new avenues and new possibilities. To use

the very best of things we have from the past, but not be bound by it.

**M&C.** This sounds like something you have done your whole career; how do you know when to capitalize on the unexpected?

**Robert.** That's one of the challenges we face. When looking at innovative ideas, sometimes there is a fine line between something that is creative and fruitful versus something that is just a crack-pot idea that is really off the wall. Distinguishing those is not always as easy as you might think. I think one of the keys is ... well there are two things that are important, the second is that sometimes you will be wrong some of the time and you must be willing to accept the fact that things won't always play out the way you want them to. That's the way the world is. The first of those two things – and we talked about this in the task force – is the importance of productive stupidity, of being willing to admit perplexity and letting it be a driving force. So, how do know? First you have to be open to those possibilities, without having blinders on. There are ways that you can make yourself more receptive to them such as the importance of humor. There are studies showing that people who laugh and joke are able to do more creative things. Sometimes we take ourselves far too seriously. I realize that we can't always talk shop and we've got to have some appreciation for the breadth of life and what we can learn from it. One of the reasons my wife Jane and I moved to where we live now is because of the summer music festival where there is a concert nearly every night. I love reading the comics and a lot of people think that is a waste of time. I also read novels and children's literature. So we have to open ourselves up because if we are too narrowly focused we won't notice things.

**M&C.** What was the quote that you mentioned yesterday about an opinion?

**Robert.** Quote from John Wesley who said “we all believe our opinions are true, because not to believe your opinion is true, is not to hold it as an opinion”. The problem is that we know the necessary human condition is that we are wrong about some things, but we don't know which of our opinions are wrong.



Realizing that should give us a certain sense of humility, tolerance, and openness.

**M&C.** Who is your favorite historical figure in epidemiology?

**Robert.** Oh, gee, well, the standard answer is John Snow, but I want to be more creative than that. I think of Abe Lilienfeld, not only because of how many people he mentored, but also

because he had such a deep appreciation for the importance of history. And I'm so pleased that his son David is now trying to organize a group of folks that are interested in the history of epidemiology. In spite of all the talk about innovation and creativity, and moving in new directions, that is only successful if we are mindful of where we come from and the foundations on which we stand. Merv Susser is another – so insightful, so far ahead of his time with so many of the things he did, as well as the work he did with Mandela in South Africa. The work that he did on the Dutch famine and the breadth of his vision is just amazing. He too has an epidemiologist son Ezra Susser who is a former chair of the Department of Epidemiology at Columbia and a major figure in psychiatric epidemiology. If I keep thinking...

**M&C.** Any final thoughts?

**Robert.** Whenever you see a child who seems to have some promise, whisper the word epidemiology into her ear.

**M&C.** Well thank you very much; this has been fun.

**Robert.** Thank you.

---

## Fellows Corner

Newly appointed Fellows - Winter and Spring 2012-2013

Muin Khoury  
Mehmet Dorak  
Xinzhi Zhang  
Ian Rockett  
Donald MacDonald  
David Gute  
Jennifer St. Sauver

## Winner of the ACE Annual Survey drawing



Thanks to all of the Associate Members who completed this year's Annual Survey to help inform the direction of the College. Congratulations to Hyacinth Hyacinth for winning the drawing to win a Nook Touch! Hyacinth currently studies at the Medical University of South Carolina's stroke center, working on the interplay between sickle cell disease and stroke.

A note from Hyacinth: "I Joined ACE last year and my experience as an Associate Member in ACE has been very satisfying because it has provided me with opportunities for networking and meeting new colleagues with similar research interest. Joining ACE was the right decision to make and look forward to progressing through the ranks to become a fellow in the near future."

---

## Annals of Epidemiology moving to online only



Annals of Epidemiology, the Official Journal of the [American College of Epidemiology](#) is moving to online-only subscription beginning January 2014. Online subscriptions will be included in the annual membership dues. Moving to online subscriptions will enable us to keep dues low and has obvious environmental benefits. Print subscriptions will still be available on request for a nominal \$15 charge.

For online subscribers, full-text articles are available from 1998 to the present. Access to abstracts is complimentary. [Access to full text is available to ACE Members.](#)

---

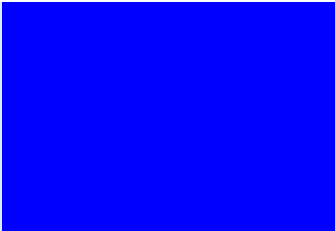
## We want your workshop ideas!

The Education Committee has begun planning the 2013 ACE Annual Meeting pre-conference workshops and roundtables. If you have any suggestions for workshop or roundtable topics that you would like to see at the meeting, please let them know by contacting Kris Fennie at [kfennie@fiu.edu](mailto:kfennie@fiu.edu).

---

## Opportunities to contribute to the College

There are 13 standing [committees](#) in ACE and many of them are involved in exciting projects and initiatives that would



benefit from your participation. Email Joe Holbrook at [holbrookjoe@gmail.com](mailto:holbrookjoe@gmail.com) if you are interested in making new connections, forming new professional relationships, and becoming more active within the organization.

ACE News is published by the American College of Epidemiology  
Editor: Joe Holbrook,  
[holbrookjoe@gmail.com](mailto:holbrookjoe@gmail.com)

For e-mail or other address changes, contact  
Verena Rojas, [info@acepidemiology.org](mailto:info@acepidemiology.org)  
Visit the ACE website at [www.acepidemiology.org](http://www.acepidemiology.org)