Letters to the Editor

As such, it has no relevance to studies in which the comparison group is appropriate.

REFERENCES

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RE: “THE FAILURE OF ACADEMIC EPIDEMIOLOGY: WITNESS FOR THE PROSECUTION”

I agree with Dr. Shy (1) that epidemiologic research conducted by faculty in university departments of epidemiology too often has a narrow biomedical perspective. I think this is because academic epidemiologists are more interested in disease causation than in disease prevention. By contrast, epidemiologists in public health practice who work in state and local health agencies or for the Centers for Disease Control and Prevention are more interested in the prevention of disease than in its biologic origins.

Of the two types of research, disease prevention research is more challenging to do well. Measuring and disentangling the societal determinants of disease, concurrent interventions, changes in public policy, and contamination of study groups (2) are difficult tasks for the epidemiologist whose job it is to assess (3) the consequences of public health interventions. Assessments of community-wide interventions are often, by necessity, ecologic, and I was taught in public health school that ecologic studies sit low in the hierarchy of study designs. All in all, it is not surprising that epidemiologic journals publish so few evaluations of public health programs and policies, but, without these evaluations, public health practitioners are often in the dark about what programs and policies really work. Evaluations of clinical preventive services are sometimes available (4), but population-based studies are hard to come by.

A glance at the contents of the leading epidemiology journals reveals an intense search for clinical differences within subgroups of carefully selected cohorts. Now and then there will be something useful for public health practice (2), but not as often as in the Morbidity and Mortality Weekly Report. I suspect this is not a result of publication bias, but of a reluctance of academic epidemiologists to carry out this kind of research. As they begin to run out of risk factors to study, and become even more skeptical of odds ratios less than 2, academic epidemiologists might consider careers in the design and evaluation of disease prevention strategies for populations.

REFERENCES

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Editor’s note: In accordance with Journal policy, Dr. Shy was given the opportunity to reply to the above letter, but he chose not to do so.

ERRATUM

RE: “MICRONUTRIENTS AND THE RISK OF COLORECTAL ADENOMAS”

The Journal has been informed of errors in the recent article by Tseng et al. (1). The errors occur in the abstract, where the first odds ratio should read, “(odds ratio = 0.39, 95% confidence interval 0.15–1.03)” rather than “(odds ratio = 0.39, 95% confidence interval 0.15–1.01)” and the second odds ratio should read, “a risk of 0.22 (95% confidence interval 0.07–0.77) relative to. . .” instead of “a risk of 0.35 (95% confidence interval 0.14–0.92) relative to. . .” The authors and the Journal regret these errors.

REFERENCE