September 2, 2016

Committee on CEPH Accreditation Criteria
Council on Education in Public Health
1010 Wayne Avenue, Suite 220
Silver Spring, MD 20910

ATTN: Revisions to criteria - Concern shared by Biostatistics leaders in member schools, the Eastern North American Region of the International Biometric Society, and the American Statistical Association

Dear Members of the Committee on CEPH Accreditation Criteria:

We have appreciated the opportunity to comment on the revised criteria proposed by CEPH. A number of chairs of biostatistics departments and programs are submitting comments individually using the designated form. However our concern over the almost complete removal of reference to the field of biostatistics is sufficiently great, and widely shared, that we feel bound to write as a group as a follow-up to our prior letter of April 18, 2016.

CEPH must assure that public health professionals graduating from its schools possess the needed competencies to be effective in their crucial roles to assure the public’s health. A major aspect of these roles is to collect and interpret public health data. Rigorous interpretation requires statistical reasoning. To not state so explicitly can only lessen the assurance that students obtain this critical skill. With the explosion in complexity and volume of data available to public health practitioners--electronic health records, wearable health sensors, crowdsourcing, and detailed geospatial information are only a few examples--the need for statistical reasoning is greater than ever before.

Rigorous data interpretation, hence statistical reasoning, is inherent to each of the competency domains that CEPH proposes on pages 18-19 of its standing draft: evidence based approaches to public health; public health & health care systems; planning & management to promote health; policy in public health; leadership; communication; inter-professional practice; and systems thinking. We feel the requisite skills are specific and go well beyond criteria of simple ability to “Explain the role of quantitative methods and sciences” (line 753). As such, we urge that the learning objectives and competencies relating to evidence-based approaches to public health explicitly reference biostatistics as a critical skill and knowledge domain, and not only refer to “quantitative methods” generically (lines 753, 1530, 1641, 1750), or to epidemiology as the sole example of these (line 828).

Respectfully yours,

Bradley P. Carlin, Ph.D.
Co-Chair, Caucus of Biostatistics Department Chairs
Professor and Chair
Division of Biostatistics
School of Public Health
University of Minnesota
February 1, 2012

Wesley Thompson, PhD
Department of Statistics
University of Pittsburgh
2717 Cathedral of Learning
Pittsburgh, PA 15260

Dear Dr. Thompson,

I am pleased to accept your offer to serve as a consultant for your National Institute of Mental Health proposed grant (“Methods Development for Characterizing Trajectories of Mental Health in Late Life”). I was very impressed with your proposal when we discussed it at the Geriatric Advanced Research Institute (where I am an affiliated faculty member) and I look forward to continue working with you to implement this important project.

I believe the work you propose has great potential for improving the design and analysis of longitudinal trajectory data from geriatric psychiatry and related fields. As a biostatistician who specializes in longitudinal methods and missing data models, I believe I will be ideally placed to advise regularly on the development of novel methods tailored for accelerated longitudinal designs. I am happy to serve for two days per year in each year of your project as a member of your external advisory board, ensuring that the goals of the proposal are implemented in a timely fashion.

Sincerely

Nicholas Horton
Professor of Statistics

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