

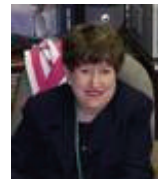
Medical Sociology Newsletter

VOLUME 45, ISSUE 4

SUMMER 2009

A Publication of the Medical Sociology Section of the ASA

Notes from the Chair by Janet Hankin



The Medical Sociology Section program will run for two days, Saturday, August 8 and Sunday, August 9, 2009. I hope you will be able to join us as we celebrate the 50th anniversary of the founding of the Section. Among the celebratory activities, mark your schedule for the Awards Ceremony followed by the Section Business Meeting from 10:30 a.m. – 12:10 p.m. on Saturday. Come hear a preview of the extra issue of the *Journal of Health and Social Behavior* from 2:30 – 4:10 p.m. that same day. The Reception will follow at 6:30 p.m., where we will acknowledge our founding mothers and fathers, as well as Reeder Award winners. I hope you can attend the scintillating Section Sessions on Saturday and Sunday organized by Monica Casper, Fred Hafferty, Jennie Jacobs Kronenfeld, Karen Luftey, and Mark Tausig to celebrate our Golden Anniversary.

I would like to take this opportunity to thank every Council Member of the Section who worked so hard during the past year. Your efforts make our section a vibrant one!

I offer a special thank you to David Mechanic and Bruce Link who helped secure funds from the Robert Wood Johnson Foundation to fund the extra issue of *JHSB*. I am grateful to the advisory board for the extra issue: Eric Wright, Co-Editor; Eliza Pavalko, Editor, *JHSB*; Pamela Braboy Jackson; Bernice Pescosolido; Jill Quadagno; Scott Schieman; Sarah Burgard; Michael Hughes; Stephanie Robert; Sherman James; and Sidney Stahl. They helped identify topics and authors for the issue.

Finally, thanks to David Mechanic for facilitating the co-sponsorship of the Section Reception by the Robert Wood Johnson Investigator Awards in Health Policy Program. Thank you to Wiley-Blackwell, publisher of the *Sociology of Health & Illness*, who will also sponsor the reception.

Looking forward to our Anniversary Celebration!

Best, Janet Hankin

Reminders:

- **MSN Fall Deadline:**
September 11, 2009
- **2009 ASA Annual Meeting:**
August 8-11, 2009
San Francisco, California
- **2010 ASA Annual Meeting**
August 14-17, 2010
Atlanta, Georgia



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**SEE ASA
PROGRAM
NOTES
INSIDE**

RESULTS OF 2009 MEDICAL SOCIOLOGY SECTION ELECTIONS

Congratulations to our incoming Section Officers and Council members! The Nominations Committee (*Robin Simon* [Chair], Florida State University; *Jeremy Freese*, Northwestern University; *Jennie Jacobs Kronenfeld*, Arizona State University; *Kristen Springer*, Rutgers University; and *Matt Gayman*, Florida State University) extends a sincere thank you to all section members who agreed to run for office.

Chair-Elect: Stefan Timmermans, University of California-Los Angeles

Nominations Committee Chair-Elect: Anne Barrett, Florida State University

Nominations Committee Members: Mary-Clare Lennon, CUNY-Graduate Center; Nancy Kutner, Emory University

Council Member-at-Large: Dawn Upchurch, University of California-Los Angeles

Career and Employment Committee Chair: Karen Lutfey, New England Research Institutes

Publications Committee Chair: Peggy Thoits, Indiana University

Teaching Committee Chair: Teresa Schied, University of North Carolina-Charlotte

Nominations Committee, Student Member: Abigail Sewell, Indiana University

Student Council Member-at-Large: Robyn Lewis, Florida State University

IMPORTANT SECTION REMINDERS!!



Renew your Section membership, and please keep signing up your students and encouraging your colleagues to join! We have been hovering around 1,000 members for some time and need to continue the upward momentum.



Please be sure to vote in the special election on the new Section Bylaws! This issue was inadvertently left off of the Section Election ballot. You should have received an email from the ASA. Please follow the directions in the email so that your vote is counted!



The Section on Medical Sociology Business Meeting is scheduled for Saturday, August 8, 2009, from 11:30-12:10 p.m. in the Parc 55 Hotel, right *after* the talk by this year's Reeder Award winner. Please plan on staying for the meeting!



You are invited to the Section on Medical Sociology Reception on Saturday, August 8, 2009, from 6:30-8:10 p.m. in the Parc 55 Hotel. The reception is being co-sponsored by the Robert Wood Johnson Foundation Investigator Awards in Health Policy Research Program and Wiley-Blackwell, publisher of *Sociology of Health and Illness*.

SECTION-SPONSORED & RELATED SESSIONS AT THE 2009 ASA MEETINGS IN SAN FRANCISCO

Editor's note: The following information was taken directly from the ASA website; my apologies if I unknowingly reproduced their errors. Please check online for details about scheduling, last minute changes, and other helpful information regarding the conference program at: <http://www.asanet.org/>.

SATURDAY, AUGUST 8

7:00-8:15 Section on Medical Sociology Council Meeting—Parc 55 Hotel

8:30-10:10 Section on Medical Sociology Regular Session. **Fifty Years of Methods in Medical Sociology: Contributions and New Directions—Parc 55 Hotel**

Session Organizer: Karen Lutfey (New England Research Institutes)

President: Karen Lutfey (New England Research Institutes)
Adolescent Social Networks and Mental Health Service Utilization: First Steps, Growing Pains, and Promising Directions, *Danielle L. Fettes* (Indiana University)

Anchors—A Way? Using Anchoring Vignettes to Calibrate Self-Rated Health, *Hanna Grol-Prokopczyk* (University of Wisconsin-Madison), *Jeremy Freese* (Northwestern University), *Robert M. Hauser* (University of Wisconsin-Madison)

Does Health Insurance Coverage Mitigate or Exacerbate Intergenerational Inequalities in Health in the U.S.? *Amelie Quesnel-Vallee* (McGill University)

Embodied Health Practices and Home Constraints: Adherence to Medical Directives, *Dana Rosenfeld* (Keele University)

Discussant: *Chloe E. Bird* (RAND Corporation)

8:30-10:10 Teaching Workshop. **Teaching on The Sociology of AIDS (co-sponsored with the Sociologists AIDS Network)—Hilton San Francisco**

Session Organizer: *Carrie Elizabeth Foote* (IUPUI)

Co-Leader: *Bronwen Lichtenstein* (University of Alabama)

Co-Leader: *Jorge Fontdevila* (California State University-Fullerton)

Co-Leader: *Carrie Elizabeth Foote* (IUPUI)

Abstract: In this teaching workshop, panelists will share ideas for teaching about HIV/AIDS across the undergraduate and graduate sociology curriculum. In addition to discussing approaches to designing entire courses on HIV/AIDS, the presenters will outline a number of exercises, in-class and outside activities, and research projects that can be used to help reinforce critical concepts and theories in introductory and advanced sociology courses. Panelists will also share their experiences in teaching about a controversial social problem.

10:30-11:30 Section on Medical Sociology Reeder Award Ceremony—Parc 55 Hotel

Session Organizer: *Janet Hankin* (Wayne State University)

Presenter: *Jill Quadagno*, Recipient 2009 Leo G. Reeder Award

Title: “Institutions, Interests and Ideology: What Sociology Has to Contribute to Debates About Health Care Reform”

11:30-12:10 Section on Medical Sociology Business Meeting—Parc 55 Hotel

2:30-4:10 Section on Medical Sociology Invited Session. **What Do We Know? Key Findings from 50 Years of Medical Sociology—Parc 55 Hotel**

Session Organizer: Janet Hankin (Wayne State University)

President: Janet Hankin (Wayne State University)

Health Policy, *David Mechanic* (Rutgers University), *Donna D. McAlpine* (University of Minnesota)

Fundamental Causes, *Jo C. Phelan* (Columbia University), *Bruce G. Link* (Columbia University), *Parisa Tebraniifar* (Columbia University)

Stress and Health, *Peggy A. Thoits* (Indiana University)

Patient Roles and Health Care Seeking, *Carol A. Boyer* (Rutgers University)

Health Services, *Mary L. Fennell* (Brown University)

Technology, *Monica J. Casper* (Arizona State University), *Daniel Ray Morrison* (Vanderbilt University)

Social Construction of Illness, *Peter Conrad* (Brandeis University), *Kristin Kay Barker* (Oregon State University)

Emerging Roles of Health Care Professions, *Stefan Timmermans* (University of California-Los Angeles), *Hyeyoung Oh* (University of California-Los Angeles)

Bioethics, *Charles L. Bosk* (University of Pennsylvania)

Social Relationships and Health, *Debra Umberson* (University of Texas)

Social Context and Its Impact on Health, *Robert J. Sampson* (Harvard University)

Abstract: The session celebrates the 50th anniversary of the founding of the Medical Sociology Section. In the past half-century, medical sociologists have provided key insights and findings on social dimensions of health and health care ranging from causes and consequences of health disparities to the organization and financing of health care. Contributors to the 2010 Extra Issue of the *Journal of Health and Social Behavior* funded by the Robert Wood Johnson Foundation will review key findings on core topics from 50 years of sociological studies of health, illness, and healing and suggest the policy implications of those findings.

Footnote: Although unable to attend the session, *David Williams* and *Michelle Sternthal* (Harvard University) will review key findings on Health Disparities for the Extra Issue of *JHSB*.

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2:30-4:10 Author Meets Critics Session. *Toxic Exposures: Contested Illnesses and the Environmental Health Movement* (Columbia University Press, 2007) by Phil Brown—Hilton San Francisco

Session Organizer: *Clarence Y.H. Lo* (University of Missouri-Columbia)

Critic: *Kelly Moore* (Loyola University-Chicago)

Critic: *David Pellow* (University of Minnesota)

Critic: *Scott Frickel* (Washington State University)

Author: *Phil Brown* (Brown University)

4:30-6:10 Section on Medical Sociology Refereed Roundtable Sessions—Parc 55 Hotel

Session Organizer: *Monica J. Casper* (Arizona State University)

Table 01. Bodies, Health, and Medicalization

Table President: *Rachel S. Washburn*

“The Pill” for What Ails You: Contraceptives and Medicalizing Menstruation Through Direct-To-Consumer-Advertisements, *Amber Elizabeth Deane* (Texas Woman’s University)

Exposed: Living with Chemical Body Burdens, *Rachel S. Washburn*

Impact of Pregnancy Intention and Contraceptive Use on Early Subsequent Births Among Teenagers, *Miranda R. Waggoner* (Brandeis University), *Lorraine V. Klerman* (Brandeis University)

Medicalization and Lay Expertise in The Risk Society, *Kristin Kay Barker* (Oregon State University)

Interaction of Cancer Patients with Orbitofacial Disfigurement and Secondary Groups, *Alessandro Bonanno* (Sam Houston State University), *Bita Esmali* (Section of Ophthalmology, Department of Head and Neck, The University of Texas M.D. Anderson Cancer Center)

Table 02. Health and the Media/Health in the Media

Table President: *Laura M. Carpenter* (Vanderbilt University)

News Media Constructing Male Circumcision and Female Genital Cutting as Public Health Problems, *Laura M. Carpenter* (Vanderbilt University)

News Media Discourse on Dying: “Bad Death” and the Social Experience of Dying, *Ellis C. Dillon* (University of California-San Diego)

Race/Ethnicity, Inequality, and Health in the News, *Jennifer Malat* (University of Cincinnati), *Holly Nicole Haywood* (University of Cincinnati), *Cynthia Agnieszka Pate* (University of Cincinnati)

The Internet as a Platform for the Representation of Healthcare in the United States, *Scott Savage* (University of Arizona)

Googlers and Brainsuckers: Internet Use and the Doctor-Patient Relationship, *Clare L. Stacey* (Kent State University), *Timothy J Adkins* (Kent State University)

Table 03. Health Care Systems, Support, and Access

Table President: *Claudia Koenig* (University of Zurich)

Arduous Access: Does Socio-Economic Status Affect Access to

Primary Care in Quebec, Canada? *Tania Marie Jenkins*
Change of Social Support and Health: A Longitudinal Analysis of U.S. Adults Population, *Jinwoo Lee* (University of Texas-Austin)

Health System Financing & Inequality in Health, *Claudia Koenig* (University of Zurich)

Executives’ Decision Making in For-Profit Managed Care Organizations: Advancing the Business Creed, *Howard Waitzkin* (University of New Mexico), *Joel Yager* (University of Colorado), *Richard Santos* (University of New Mexico)

Table 04. Health Disparities I

Table President: *Min-Ab Lee* (Cornell University)

Disparity in Disability: Comparisons between Native Born Non-Hispanic White and Foreign Born Asian Older Adults, *Min-Ab Lee* (Cornell University)

Negative Social Exchanges and Psychological Distress among Asian Americans, *Wei Zhang*

Who is In? Who is Out? Health Care Benefit Entitlement Segregation in China, *Weizhen Dong* (University of Waterloo)

Socio-Economic Status and Life Expectancy in the United States, 1970-1990, *David Swanson* (University of California-Riverside), *Mary A McGehee* (Arkansas Department of Health), *Nazrul Hoque* (University of Texas-San Antonio)

Table 05. Health Disparities II

Table President: *Allison Kay Wisecup* (Duke University)

Family Economic Resources and Children’s Dental Health, *Allison Kay Wisecup* (Duke University), *David Brady* (Duke University)

Health Selection in Income: Considering the Social Effects of Insurance Inequality, *Sean Clouston* (McGill University)

The Role of Cultural Capital in Health Outcomes: The Case of Hemodialysis Patient Compliance, *Paul Bugyi* (Stony Brook University)

The Impact of HAART on Perceived Quality of Life of Ugandan Adults, *Dorothy Nansikombi Juliet Kalanzzi* (Gannon University), *James L. Williams* (Texas Woman’s University), *Ami R. Moore* (University of North Texas)

Table 06. Health Disparities III

Table President: *Janet K. Shim* (University of California-San Francisco)

Cancer Worlds: Health Care Disparities and the Cultures of Oncology, *Daniel Doban* (University of California-San Francisco)

Increasing Regional Health Inequality between the Center and the Periphery in Taiwan, *Meei-Shia Chen*

Intra-Racial Income Inequality and Race-Specific Mortality in the United States: A State Level Analysis, *Syeda Jesmin* (University of North Texas)

Race, Gender, Class, and Sexual Orientation: Intersectionality Theory and Health Disparities, *Gerry Veenstra* (University of British Columbia)

Table 07. Health Organizations and Governance

Table President: *Staci A. Young* (Medical College of Wisconsin)

Clinical Governance: “It’s not my job, it’s nobody’s job, that’s the

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- problem," *Karen Marguerite Staniland* (University of Salford)
- Gendering Complementary and Alternative Medicines, *Eeva Sointu* (Smith College)
- Making "Alzheimer's Patients" in Specialty Clinics: Managing Diagnostic Uncertainty Through "Team Consensus," *Renee Lynn Beard* (College of the Holy Cross)
- The Organization of Work among Urban Community-Based Health Professionals, *Staci A. Young* (Medical College of Wisconsin)

Table 08. Health, Aging, and Social Support

- Table President:** *Grace Jeanmee Yoo* (San Francisco State University)
- Educational Attainment, Late-Life Outcomes, and Cumulative Advantage, *Stephen Crystal* (Rutgers University), *Michele Siegel* (Rutgers University), *Shabla Amin* (Rutgers University), *Ayse Akinciogil* (Rutgers University)
- Older Women, Cancer, and Social Support, *Grace Jeanmee Yoo* (San Francisco State University), *Ellen G. Levine* (San Francisco State University), *Caryn Aviv* (University of Denver), *Cheryl Ewing* (University of California-San Francisco)
- The Relationship between Objective Physical Activity Patterns, Social Support, and Depression in Vulnerable Populations, *Jarron M. Saint Onge* (University of Houston)
- Reexamination of the Life-Course Trajectories in Black and White Differentials in Self-Rated Health, *Seung-Eun Song* (University of Texas-Austin), *Sungwon Jung* (Korea University)
- Third Age Life Expectancy: A New Method for Examining the Active Potential of Older Adults, *Dawn Celeste Carr* (Miami University)

Table 09. Key Figures in Medical Sociology

- Table President:** *Cheryl Diana Stults* (Brandeis University)
- Table President:** *Danne M. Mouzon* (Rutgers University)
- Table President:** *Peter Conrad* (Brandeis University)
- Table President:** *R. Jay Turner* (Florida State University)

Table 10. Narratives and Ideologies of Health

- Table President:** *Cassandra S. Cramford* (Northern Illinois University)
- Crisis, Support, and the Family Response: Exploring the Narratives of Young Breast Cancer Survivors, *Karrie Ann Snyder* (Northwestern University), *William Pearse* (Northwestern University)
- From Pleasure to Pain: The Role of the MPQ in the Language of Phantom Pain, *Cassandra S. Cramford* (Northern Illinois University)
- Pumps and Scales: The Medicalization of Breastfeeding and the Ideology of Insufficient Milk, *Jennifer M.C. Torres* (University of Michigan)
- Medical and Public Health Approaches to Dysmenorrhea: A Review of the Literature, *Chantell Brianna Cole Frazier* (Syracuse University)

Table 11. Negotiating Health

- Table President:** *Dawn M. Aliberti* (Case Western Reserve

- University)
- Negotiating Old and New: Immigrant Health Care Seeking Behaviors, *Jin Young Choi* (Sam Houston State University)
- Resisting Opioid Therapy: Strategies Patients Use with Health Care Providers, *Eleanor T. Lewis* (VA Palo Alto Health Care System), *Jodie A. Trafton* (VA Center for Health Care Evaluation), *Ann S. Combs* (VA Center for Health Care Evaluation)
- Socio-Economic Status and Occupational Differences in the Experience of Mortality, *Jonathan H. Westover* (University of Utah)
- Stigma of the Visually Impaired and Strategies Used to Avoid Negative Imputations, *Dawn M. Aliberti* (Case Western Reserve University)
- Sociology and Adult Attention Deficit Disorder: Promising Avenues for Research, *Joshua James Tervek* (Case Western Reserve University)

Table 12. Gendered Bodies

- Balancing the Scales: A Preliminary Examination of the Relationship between Maternal Body Mass Index and Placental Infection, *Karyn Alayna Stewart*
- Breastfeeding Exclusivity: Healthy People 2010 and Women's Experiences, *Jeanne Anne Holcomb* (University of Florida)
- Lay-Expert Collaboration in Federal Environmental Breast Cancer Research: A Progress Report, *Lori Beth Baralt* (Michigan State University)

Table 13. Chinese Medicine

- From Mainstream to Margin? Patterns and Trends of the Utilization of Chinese Medicine in China: 1991-2004, *Lei Jin* (Chinese University of Hong Kong)
- Health Care Marketization and the Burden of Disease, *Weizhen Dong* (University of Waterloo)
- The Consequences of Marketization for Health in China, 1991 to 2004, *Ke Liang* (University of Pennsylvania)

Table 14. Perspectives on Home Care

- Elderly Homecare-Service Users' Gendered Patterns of Living Arrangements in Taiwan, *Pin Wang* (Columbia University)
- Rebels, Conformists, and Innovators: Using Anomie Theory & Merton's Typology to Change Home Care Policy, *William Dane Cabin* (Hunter College/CUNY)
- Marital Status and Access to Health Insurance Plans: An Examination of the Medicare Population, *Ching-yi Agnes Shieh* (National Institutes of Health)

Table 15. Etiologies

- A New Look at Labeling in the Psychiatric Emergency Room: Staff Perspectives on Labeling, *Alisa K. Lincoln* (Northeastern University), *Cassandra Aldsworth* (Boston University)
- Chronic Disease in the 21st Century: Risk Society and Fracturing Paradigms in Sociology and Medicine, *Brian Philip Hinote* (Middle Tennessee State University), *Jason Adam Wasserman* (Texas Tech University)
- Clinical Decision Making and the Labeling of a Case of CHD:

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Pathways to Diagnostic Certainty, *Karen Lutfey* (New England Research Institutes), *John McKinlay* (New England Research Institutes)

It's Medically Proven! Discussions of Research on the Link between Religion and Health among Religious Adults, *Steven Michael Frenk* (Duke University), *Steven Larrimore Foy* (Duke University), *Keith G. Meador* (Duke University)

Table 16. North American Health Care Systems

American "Exceptionalism": Toward a Contextual Analysis of Health Insurance Systems, *Pooya Shawn-Darius Naderi* (University of Kansas), *Brian Meier* (University of Kansas)

Articulations in Medical Professional Autonomy: Professional Associations, Federal Aid to Medical Education, and Congressional Reform, *Gregory Liegel* (University of Chicago)

Income, Education, and Class Gradients in Health in Global Perspective, *Salvatore J. Babones* (University of Sydney)

Uncompassionate Care: A Critical Analysis of Canada's Compassionate Care Benefits Program, *Jenny R. Flagler* (University of Waterloo), *Weizhen Dong* (University of Waterloo)

Table 17. Bodies, Technologies, Policies

Charting Antiretroviral Supply Chains in Uganda: A Comparison of Global Fund and PEPFAR Funding Streams, *Alton Phillips* (New York University)

Institutionalized Homophobia in Tissue Donation Policy, *Michael Flatt* (Case Western Reserve University)

Talking With Patients about Drinking: The Organizational Context of Alcohol Problem Identification in Health Care, *Carol Conell* (Kaiser Permanente)

4:30-6:10 Regular Session. The Social Dimensions of AIDS—Hilton San Francisco

Session Organizer & Presider: *Megan Lee Comfort* (University of California-San Francisco)

Fishing in Dangerous Waters: Ecology, Gender, and Economy in HIV Risk, *Sanyu A. Mojola* (University of Colorado-Boulder)

Culture and Knowledge: Estimating HIV Prevalence in the Southern Caucasus, *Cynthia J. Buckley* (University of Texas-Austin)

The Socioeconomic Context of Prime-Age Adult Mortality: Evidence from the Agincourt Health and Demographic Surveillance Site, *Laura Patterson* (University of Colorado), *Lori M. Hunter* (University of Colorado-Boulder), *Wayne Twine* (University of the Witwatersrand)

Working Outside of the Box: How HIV Counselors in Sub-Saharan Africa Adapt Western Testing Norms, *Nicole Angotti* (University of Texas-Austin)

Discussant: *Robert Wyrod* (University of California-San Francisco)

6:30-8:10 Section on Medical Sociology Reception—Parc 55 Hotel

SUNDAY, AUGUST 9

8:30-10:10 Section on Medical Sociology Paper Session. Patients Meet Providers: Fifty Years of Medical Sociology—Contributions and New Directions—Parc 55 Hotel

Session Organizer: *Fred Hafferty* (University of Minnesota-Duluth)

Cultural Brokerage: Creating Linkages between Voices of the Lifeworld and Medicine in Cross-Cultural Clinical Settings, *Ming-Cheng M. Lo* (University of California-Davis)

Learning to Doctor In Vivo: Narrative Templates and the Creation of Patient Stories, *Nancy Davenport* (Columbia University)

Race, Culture, and Institutional Mechanisms of the Black-White Trust Gap: The Case of Medicine, *Abigail A. Sewell* (Indiana University-Bloomington)

Your Money or Your Medical Care: Conflicts Between Patients and Doctors in the Medical Encounter, *Hyeyoung Oh* (University of California-Los Angeles)

10:30-12:10 Section on Medical Sociology Paper Session. Health Policy and Reform: Fifty Years of Medical Sociology—Contributions and New Directions—Parc 55 Hotel

Session Organizer & Presider: *Jennie Jacobs Kronenfeld* (Arizona State University)

A Socio-Cultural Framework for Health Services Disparities: Illustrating the Case of Mental Health and Substance Abuse, *Bernice A. Pescosolido* (Indiana University), *Margarita Alegria* (Cambridge Health Alliance/Harvard University)

Health Social Movement Disparities: Patients' Race and Gender and Disease Organizations' Number and Size, *Rachel Best* (University of California-Berkeley)

Is Public Housing the Cause of Poor Health or a Safety Net for the Unhealthy Poor? *Erin E. Ruel* (Georgia State University), *Deirdre A. Oakley* (Georgia State University), *Graham Elton Wilson* (Georgia State University)

The Social Construction of Race/Ethnic Disparities in Diabetes – A Case of Misplaced Concreteness? *John McKinlay* (New England Research Institutes), *Carol L. Link* (New England Research Institutes), *Rebecca J. Shackleton* (New England Research Institutes), *James B. Meigs* (Massachusetts General Hospital), *Lisa D. Marveau*

12:30-2:10 Section on Medical Sociology Paper Session. Health and SES: Fifty Years of Medical Sociology—Contributions and New Directions—Parc 55 Hotel

Session Organizer & Presider: *Mark Tausig* (University of Akron)

Rising U.S. Income Inequality and Changing Gradient of Socioeconomic Status on Health, 1985-2005, *Hui Zheng* (Duke University), *Linda K. George* (Duke University)

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- Health Stability and Income in the United States, *Sean Clouston* (McGill University)
- Medical Breakthroughs and Health Disparities: The Case of HAART and HIV, *Richard A. Miech* (University of Colorado-Denver)
- SES, BMI, and C-Reactive Protein: Simple Accumulation or Hierarchy of Risks? *Markus H. Schafer* (Purdue University)
- Discussant:** *Mark Tausig* (University of Akron)

12:30-2:10 Section on Children and Youth Paper Session. Transition to Adulthood: The Importance of the Health Domain (co-sponsored with the Section On Aging and the Life Course)—Parc 55 Hotel

- Session Organizer:** *Jeylan T. Mortimer* (University of Minnesota)
- Generational Differences in Youths' Weight Trajectories: Variation during the Transition to Adulthood, *Margot I. Jackson* (Princeton University)
- Health and Education in the Young Adult Transition: Variations by Race and Gender, *Cheryl A. Roberts* (University of North Carolina)
- Parental Resources and Child Health: An Initial Examination of Child Health Trajectories, *Wendy Parker* (Syracuse University)
- The Mental Health Consequences of Family Background, an Early Transition to Adulthood, and Unfulfilled Expectations, *Krzysztof Mossakowski* (University of Miami)
- Discussant:** *Jane D. McLeod* (Indiana University)

Abstract: The transition to adulthood is a highly formative period and a time of health risk and vulnerability. Whereas health problems may significantly impede educational attainment and successful transitions to adult roles, difficulties in making such transitions may also have negative consequences for health. The papers in this session examine how parental resources influence health trajectories up to the time of transition; race and gender variability in the effects of health on educational attainment; the mental health consequences of early transitions and unfulfilled expectations; and differences among the foreign born, second and third generations in weight trajectories over time.

MONDAY, AUGUST 10

8:30-10:10 Regular Session. Politics of Health: Challenges in Health Policy—Hilton San Francisco

- Session Organizer & Presider:** *Amit Prasad* (University of Missouri-Columbia)
- Health Insurance and the Failure of the Male Breadwinner Model for Pre-Retirement Age Women, *Jacqueline L. Angel* (University of Texas-Austin), *Jennifer Karas Montez* (University of Texas-Austin), *Ronald J. Angel* (University of Texas-Austin)
- Show Us the Money: Lessons in Transparency from State Pharmaceutical Marketing Disclosure Laws, *Susan Chimonas* (Columbia University), *Natassia M. Rozario* (American India Foundation), *David Rothman* (Columbia University)
- Stakeholder Interests in a Single-Payer Health Care Model: The

Medicare ESRD Program Experience, *Nancy G. Kutner* (Emory University)

- Reconfiguring or Reproducing Intra-Professional Boundaries? Specialist Expertise, Generalist Knowledge, and the Medical Workforce, *Graham Paul Martin* (University of Nottingham), *Graeme Currie* (University of Nottingham), *Rachael Finn* (University of York)
- Patchwork of Publics and Policies: An Investigation into the Politics of the Gardasil Policy Controversy, *Aleia Yvonne Clark* (University of Maryland-College Park), *Amber Dawn Nelson* (University of Maryland)
- Discussant:** *Charlene Harrington*

10:30-12:10 Regular Session. Health Care and Care Delivery—Hilton San Francisco

- Session Organizer & Presider:** *Ethel G. Nidao* (University of the Pacific)
- Immigrants' Access to Health Insurance: Does Social Context Matter? *Cassie Hartzog* (University of California-Davis)
- Patient Care Seeking and Regional Health Care Variation, *Denise L. Anthony* (Dartmouth College), *M. Brooke Herndon* (Dartmouth College), *Patricia M. Gallagher*
- The Association between Perceived Provider Discrimination, Health Care Utilization, and Health Status, *Chioun Lee* (Rutgers University), *Stephanie Ayers* (Arizona State University), *Jennie Jacobs Kronenfeld* (Arizona State University)
- Who Uses Emergency Rooms: Evidence from Houston, Texas, *Charles E. Begley* (University of Texas School of Public Health), *Pamela Behan* (Our Lady of the Lake College), *Munseok Seo* (University of Texas School of Public Health)
- The Power of the Practitioner: Cultural Capital and Sex in the Medical Habitus, *Casey Michelle Miklowski* (Case Western Reserve University)
- Discussant:** *Cameron Macdonald* (University of Wisconsin-Madison)

10:30-12:10 Section on Aging and the Life Course Paper Session. Early Life Predictors of Mental and Physical Health in Later Life (co-sponsored with the Section on Children and Youth)—Hilton San Francisco

- Session Organizer & Presider:** *Bridget K. Gorman* (Rice University)
- Early Life Course Transitions, Adolescent Home Environment, and Trajectories of Healthy Behaviors, *Adrienne Frech* (The Ohio State University), *Kristi L. Williams* (The Ohio State University)
- Heterogeneity in Adolescent Depressive Symptom Trajectories: Social Stratification and Implications for Young Adult Physical Health, *K.A.S. Wickrama* (Iowa State University), *Thulitha Wickrama* (Uaburn University)
- Victimization in Early Life, Psychosocial Resources, and Mental Health in Adulthood, *Terrence D. Hill* (University of Miami), *Lauren M. Kaplan* (University of Miami), *Michael T. French*

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(University of Miami), *Robert J. Johnson* (University of Miami)
 A Developmental-Contextual Approach to Understanding the
 Continuum of Mental Health and Well-being, *Stephani Hatch*
 (King's College London), *Samuel B. Harvey* (King's College
 London), *Barbara Maughan* (King's College London)
 Childhood Health and the Reproduction of Inequalities, *Robert G*
White (University of Wisconsin-Madison), *Alberto Palloni*
 (Northwestern University)

2:30-4:10 Regular Session. Health Status and Disability in Later Life—Hilton San Francisco

Session Organizer & Presider: *Rachel Tolbert Kimbro* (Rice University)
 Cohort Differences and Chronic Disease Profiles of Differential
 Disability Trajectories among Older Americans, *Miles G.*
Taylor (Florida State University), *Scott M. Lynch* (Princeton
 University)
 Life-Threatening Illness and Identity in Later Life, *Sherri Patrice*
Brown (Purdue University), *Gary T. Deimling* (Case Western
 Reserve University), *Melinda Limon Laroco* (Case Western
 Reserve University)
 Marital Status and Health in Late Life, *Aniruddha Das* (University
 of Chicago)
 Masculinity and Health Care Seeking Among Midlife Men:
 Variation by Adult Socioeconomic Status, *Kristen W. Springer*
 (Rutgers University), *Dawne M. Mouzon* (Rutgers University)
Discussant: *Linda K. George* (Duke University)

TUESDAY, AUGUST 11

8:30-10:10 Regular Session. Genetics, Social Context, and the Social Construction of Disease—Hilton San Francisco

Session Organizer: *Rachel Tolbert Kimbro* (Rice University)
Presider: *Cameron Macdonald* (University of Wisconsin-Madison)
 Imaging Autism, *Kate Jenkins* (CUNY-Graduate Center)
 Managing Disease in the Genomics Era: Uncertainty and the
 Advent of Patients-In-Waiting, *Stefan Timmermans* (University
 of California-Los Angeles), *Mara Buchbinder* (University of
 California-Los Angeles)
 The Autism Gradient, *Marissa D. King* (Columbia University), *Peter*
S. Bearman (Columbia University)
 The Genetic Understanding of Autism: Perspectives from Adults
 on the Autism Spectrum, *Jennifer S. Singh* (University of
 California-San Francisco)
Discussant: *Sara N. Shostak* (Brandeis University)

8:30-10:10 Section of Sex and Gender Paper Session. Gender, Bodies, and Health: Negotiating and Contesting the “Healthy” Body—Parc 55 Hotel

Session Organizer & Presider: *Shari Lee Dworkin* (University of
 California-San Francisco)
 Not a Pretty Girl: Facial Feminization and the Theory of Facial

Sex Difference, *Heather Laine Talley* (Vanderbilt University)
 From Cure-All to Carcinogen: How Menopausal Women
 Experienced the Rise and Fall of Hormone Drugs, *Julie A.*
Winterich (Wake Forest University)
 Gender Differences in Self-Rated Health: Evidence of a New
 Health Paradox? *Leah S. Rohlfson* (St. Lawrence University)

10:30-12:10 Regular Session. Neighborhoods, Social Context, and Health—Hilton San Francisco

Session Organizer: *Rachel Tolbert Kimbro* (Rice University)
Presider: *Bridget K. Gorman* (Rice University)
 Disadvantaged Neighborhoods and Healthy Eating: Using a
 Community-Based Participatory Approach to Identify
 Perceived Barriers, *Melinda Limon Laroco* (Case Western
 Reserve University), *Jessica Kelley-Moore* (Case Western Reserve
 University), *Matthew Russell* (Case Western Reserve
 University), *Erika Abrams* (Cleveland State University)
 Longitudinal Analysis of the Impact of Neighborhood SES on
 Incident Coronary Heart Disease among Women, *Chloe E.*
Bird (RAND Corporation), *Regina A Shih* (RAND), *Christine*
Eibner (RAND), *Beth Ann Griffin* (RAND), *Mary Ellen*
Slaughter (RAND), *Eric Whitsel* (University of North Carolina-
 Chapel Hill), *Karen Margolis* (Health Partners), *Jose J. Escarce*
 (RAND), *Adria Jewell* (RAND), *Charles Mouton* (Howard
 University), *Nicole Lurie* (RAND)
 Neighborhood Disorder and Health: The Mediating Effects of
 Powerlessness and Distress, *Kimberly K. Hennessee* (Kent State
 University), *Stephen William Webster* (Kent State University),
Elaine J. Hall (Kent State University)
 Neighborhoods and Networks: Community, Homophily, and
 Drug Use among Gay Men in New York City, *Richard M.*
Carpiano (University of British Columbia), *Brian Christopher*
Kelly (Purdue University), *Adam Easterbrook* (University of
 British Columbia), *Jeffrey Parsons* (Hunter College, City
 University of New York)
Discussant: *Jeremy Reed Porter* (Rice University)

10:30-12:10 Regular Session. Health and Well-Being—Parc 55 Hotel

Session Organizer: *Eeva Sointu* (Smith College)
 Not “Going There”: The Limits of Therapeutic Culture, *Julie*
Bronnlie (Stirling University), *Anderson Niall Simon* (National
 Centre for Social Research-London)
 Becoming a Healthy Eater: Local Knowledge and Agency in the
 Evaluation of Healthy Eating Advice, *Abigail Richardson* (Mesa
 State College)
 Social Support for Bereaved Individuals in Contemporary U.S.
 Society: The Shifting from Informal to Formal Communities,
Laurel Elizabeth Hilliker (Michigan State University)
 Vicarious Posttraumatic Growth and the Missing Sociological
 Discourse on Positive, Post-Trauma Change, *Sarah L. Jirek*
 (University of Michigan)
 Sexuality, Sport and the “Aging” Body: An Autoethnography of
 “Being Healthy Without Feeling Healthy,” *Elizabeth Ettore*
 (University of Liverpool)
Discussant: *Eeva Sointu* (Smith College)

Additional Announcements—2009 ASA Meetings in S.F.

AWARD RECIPIENTS:

Leo G. Reeder Award for Distinguished Contribution to Medical Sociology: Jill Quadagno, Pepper Institute on Aging and Public Policy, Florida State University.

Roberta G. Simmons Outstanding Dissertation Award: Marissa D. King, Columbia University, “The Evolution of a Socioeconomic Gradient for Autism.”

Honorable Mention for the Roberta G. Simmons Outstanding Dissertation Award: Brea Perry, Indiana University (currently at University of Kentucky), “The Ripple Effect: Changes in Social Structural Location and Social Network Dynamics in Mental Illness.”

Louise Johnson Scholar: Danielle L. Fettes, Ph.D. Candidate, Indiana University (currently at the

University of California-San Diego), “Adolescent Social Networks and Mental Health Service Utilization: First Steps, Growing Pains, and Promising Directions.”

Eliot Freidson Outstanding Publication Award: Bernice A. Pescosolido, Brea L. Perry, J. Scott Long, Jack K. Martin, John I. Nurnberger, and Victor Hesselbrock, Indiana University. 2008. “Under the Influence of Genetics: How Transdisciplinarity Leads Us to Rethink Social Pathways to Illness,” *American Journal of Sociology*, Vol. 114 (Suppl.): S171-S201.

These individuals will be recognized at the Awards Ceremony on **Saturday, August 8, 2009, 10:30-11:30 a.m.** at the Parc 55 Hotel. Feature articles on each of these award recipients will appear in the Fall Issue of the Medical Sociology Newsletter.

Heather Hartley Memorial Session on Saturday, August 8, 2009 from 7:30-8:30 p.m. at the Parc 55 Hotel.

MEDICAL SOCIOLOGY GRADUATE STUDENT AND RECENT PHD GET-TOGETHER

Come meet other graduate students and recent Ph.D.'s from the Medical Sociology Section at an informal lunch on **Saturday, August 8, 2009, at 12:10 p.m.**, immediately following the Medical Sociology Section Business Meeting at the Parc 55

Hotel. We will gather in the meeting room at 12:10 p.m. and then walk together as a group the few blocks to the Westfield San Francisco Centre food court where we will be able to purchase lunch. Join us for this opportunity to make great connections with others who share similar interests!

Any questions, please feel free to contact: Cheryl Stults (stults@brandeis.edu) or Dawne Mouzon (dmouzon@ifh.rutgers.edu).

MENTORING MEETING: CREATING A DIGITAL PROFESSIONAL IDENTITY

Wiki, Blog, Twitter, Facebook, and LinkedIn – are you interested in learning how to keep your digital professional identity current and relevant in the Internet age? If so, help is on the way. Chloe Bird has organized a mentoring meeting on “Creating a Digital Professional Identity.” While the goal of the Section’s mentoring efforts are to help graduate students and new faculty, all are welcome to attend. The session will take place on **Monday, August 10,**

2009, from 6:30-8:00 p.m., and will be led by Marc A. Smith, Chief Social Scientist at Telligent.com, and Christine Morton, Research Sociologist and Program Director at California Maternal Quality Care Collaborative. This session will compliment Adina Nack’s roundtable: Table 10: “My Website, My Self—Increasing Access to Your Research in the Digital Age,” Informal Discussion Roundtable Session, **Saturday, August 8, 2009, 2:30-4:10 p.m.**, Parc 55 Hotel.

Teaching Tips

by Rachel Tolbert Kimbro

Using the Film *Wit* to Illustrate Medical Discourse on Diagnosis and Case Presentation

In this, my last Teaching Tips column, I want to share a set of ideas to teach concepts relating to the ways that doctors speak to patients. Early on in my Medical Sociology course, students read Anatole Broyard's "Doctor, Talk to Me," Marjorie Williams' "Hit by Lightning: A Cancer Memoir," and Renee Anspach's "Notes on the Sociology of Medical Discourse: The Language of Case Presentation." The lecture I present on this class day centers on doctor-patient communication best practices, with a particular focus on cancer patients. I find that the feature film *Wit*, starring Emma Thompson, provides several instances to illustrate concepts covered in the articles and in my lecture.

The film chronicles the ovarian cancer journey, from diagnosis to eventual death, of Vivian Bearing (played by Thompson), an English professor. Beautifully written and filmed, the scenes are compelling, even when just a few are shown. To talk about the ways that doctors speak to patients during difficult diagnoses, I show the first scene in the film (on the DVD, the chapter titled "Diagnosis," which is approximately 4.5 minutes including the opening credits). After this clip, we discuss the method and content of the delivery of the diagnosis; Vivian's reaction; the presentation of the clinical trial information; and I also ask them how this interaction relates to Parsons' theory of the sick role. We also discuss how Vivian's experience compares to the diagnosis experience that Marjorie Williams chronicles.

After a short lecture on patient privacy and the physical interactions between doctors and patients, I show a second segment of the film (Chapters "Q&A" and "I Wish I Had Given Him an A", approximately 7 minutes). Then we discuss the wretched bedside manner of the clinical fellow, focusing on both his language and his physical manipulation of Vivian's body. We also discuss which tenants of patient privacy are violated; as well as whether instrumental or

affective behaviors and language are displayed. This clip may require a decision on your part as to whether your students are mature enough to handle it – it is rather jolting!



Finally, after a summary discussion of the Anspach article, we watch a final clip of the movie (the chapter titled "Grand Rounds," approximately 5 minutes). This is a (tragically) hilarious and instructive example of the language used on rounds and illustrates many of the concepts Anspach writes about. Following the clip, we discuss whether the case presentation fits the Anspach framework, and students provide examples of de-personalization language, omission of the agent, etc.

Wit was originally a play, written by Margaret Edson, and it won the 1999 Pulitzer Prize for drama. Another idea would be to have student volunteers read the scenes aloud from the script, perhaps in addition to watching the film scenes. I found *Wit* to be an instructive and engaging teaching tool, and I hope these ideas will inspire your own class preparation!

The film *Wit* is available on Amazon.com, and likely also through your institution's library.

Readings referenced above:

Anspach, Renee R. 1988. "Notes on the Sociology of Medical Discourse: The Language of Case Presentation." *Journal of Health and Social Behavior*. 29(4): 357-375.

Broyard, Anatole. 1990. "Doctor, Talk to Me." *New York Times Magazine*, August 26th, pp. 33, 36.

Williams, Marjorie. 2005. "Hit by Lightning: A Cancer Memoir." from *Woman at the Washington Zoo*, Timothy Noah, Ed. Public Affairs, New York. pp. 307-338.

Sociologists' AIDS Network (SAN) Conference

In commemoration of the 20th anniversary of the first major ASA panel on HIV/AIDS, SAN is holding a one-day conference on **Friday, August 7, 2009**, entitled "Marking 20 Years of AIDS in Sociology: Reflecting Back & Moving Forward." The conference is an opportunity for Sociologists of HIV/AIDS and interested others (sociologists and non-sociologists alike) to reflect on work in our field, contemplate new directions, and appreciate one another's work. The mini-conference will also include talks by local and national activists, meetings with HIV researchers from a variety of fields, and presentations by federal agency representatives regarding

prospects for HIV/AIDS research in the new administration. We view this as an important opportunity to enhance research networks among Sociologists of HIV/AIDS, chart future possibilities for the field, and draw new scholars into HIV/AIDS research. Whether you are well-established in HIV-related work, new to the field, or just interested in exploring this area of Sociology, please join us! The conference is sponsored by the ASA Sections on Medical Sociology and Sexualities, the San Francisco AIDS Foundation, and the Sociologists' AIDS Network. To view the preliminary program or register for the conference, please visit <http://www.sociologistsaidsnetwork.org/>; with questions, please contact padamsee.1@osu.edu.

Report on Survey of Medical Sociologists Regarding Health Policy Issues

Jennie Jacobs Kronenfeld, Professor, Sociology Program, School of Social and Family Dynamics, Arizona State University

Verna Keith, Professor, Sociology Department, Florida State University

Nicholas Bishop, Graduate Student, Sociology Program, School of Social and Family Dynamics

Stephanie Ayers, Southwest Interdisciplinary Research Center

As many of the members of the Medical Sociology Section may recall, we conducted a survey this past year of members of both the Medical Sociology Section and the Mental Health Section of the ASA to find out about attitudes toward a variety of policy issue statements. We also obtained demographic information about the members of the two sections who responded to the survey. While we plan a more detailed scholarly article comparing results from our survey to a similar survey of health economists that was published last year in the *Journal of Health Politics, Policy and Law*, we are providing a brief summary of some of these results to members of each of the sections through this newsletter report. This report to the Medical Sociology Section focuses on many of the general interest policy items and includes some limited demographic information. Given the current debate about health care reform and the expectation that the Obama administration will have legislation introduced within the next six months, these results will provide some information about how sociologists interested in medical and mental health topics feel on these attitude items about health care services and health policy reform.

The online survey tool Questionpro (www.questionpro.com) was used to send email invitations and two follow-up reminders to 1,182 un-duplicated members of the Medical Sociology and Mental Health Sections of the American Sociological Association. While there can be some overlap in membership between these two sections, duplicate emails were removed from the email list. The online survey was available between October 15, 2008 and March 17, 2009. The survey was completed by 486 respondents, producing a response rate of 41%.

Respondents were first presented the substantive questions of interest. Each of the survey questions was expressed in the form of a statement and respondents were asked to indicate on a five-point Likert scale whether they "strongly agree," "agree," "don't know or unsure," "disagree," or "strongly disagree" with the statement. Respondents were also asked to provide descriptive information concerning gender, age, years in the medical sociology field, salary range, highest degree earned, and type of work institution.

Of the sociologists with interests in medical sociology and mental health who responded to the survey, 60 percent were female. This seems representative of the current fields. We had a reasonable age distribution responding with about 10 percent of those responding under 30 years of age, 40 percent

between 30-44 years of age, 26 percent between 45-59 years of age, and almost 24 percent 60 years of age or older. We also obtained information on the number of years that people had been working in the fields of medical sociology and/or sociology of mental health. About 22 percent had been working in one of these fields for less than five years, 26 percent had been in one of these fields for 5 through 9 years, 20 percent had been in one of these fields for 10 through 19 years, and 32 percent had been working in medical sociology and/or sociology of mental health related fields for twenty or more years.

See Table 1 on Page 14

We have included a table with 16 different attitude items relating to health care reform topics, including different types of health care reforms and health insurance types, to issues such as quality of care and access to care. On 10 of these items, 70 percent or more either indicated they agree and strongly agree with the statement or disagree and strongly disagree with the statement. On six items, medical sociologists (the term we will use here to describe those who responded to the survey, recognizing that some were members of the medical sociology section, some of the mental health section, and some of both sections) have more mixed opinions, either as represented by differences in whether most agree or disagree with a statement (three items) or having a larger percentage who did not have an opinion on the topic (three items where the response to the "don't know" category was 30 percent or more). The table shows the exact wording of each item and the responses to the item.

Table 1 presents the responses of sociologists with interests in health and mental health to our survey. On the items on which most medical sociologists agreed, 82 percent agreed or strongly agreed that the United States should adopt a Canadian style system of universal and compulsory health insurance. This indicates strong support for major health care reform among medical sociologists. Another indication of this is the next item, which shows almost 70 percent of medical sociologists agree or strongly agree that the US should require all employers to provide a minimum level of health insurance for their workers. On the item "current profits of pharmaceutical companies are necessary to give them incentive for optimal research and development", 82 percent of medical

(Continued on page 13)

(Continued from page 12)

sociologists disagreed or strongly disagreed. There were several items about market-oriented reforms and several about single-payer approaches to health reform, and overall, medical sociologists had strong agreement on these items. In general, medical sociologists do not view market-oriented reforms as a good approach for health care reform. About 71 percent of medical sociologists agree or strongly agree that market-oriented reforms such as tax credits or tax subsidies would create problems of quality and access to care. Even more (about 82 percent) strongly disagreed or disagreed that market-oriented proposals are the best health care plan to allow individuals to purchase coverage that best suits their own needs. Rather than viewing market-oriented reforms as a good approach, medical sociologists are more positive and in greater agreement about single-payer approaches to reform. About 71 percent disagreed or strongly disagreed that if there were single-payer universal health coverage, quality of health care would be reduced. There was even more agreement with the next item relating to single-payer universal health coverage, with 82 percent disagreeing or strongly disagreeing that if single-payer reforms were adopted, overall health care utilization would increase, increasing total costs of health care from current levels. There was also a third item related to single-payer health care approaches. On this one, medical sociologists were more split in their attitudes about what might happen if single-payer reform was adopted. About 25 percent of medical sociologists agreed or strongly agreed that choice in physician and in different treatment options would be more limited than they are now if single-payer reform were adopted, while 57 percent disagreed and 18 percent did not know.

There were three attitude items that asked about the importance of having similar coverage for men and women, for mental and physical health needs, and for the importance of continuing programs such as SCHIP if major health care reform does not pass. On all three of these items, medical sociologists were in general agreement. There was overwhelming agreement among medical sociologists (over 90 percent) that coverage of mental health care needs should be similar to coverage for physical health care. On the item that coverage of specific types of care that impact men and women differently (e.g., birth control, Viagra) should be similar, 72 percent of medical sociologists agreed. On the importance of continuing funding for specific programs such as SCHIP (the program that provides health insurance to children of the working poor) if health care reform is not passed, 87 percent of medical sociologists agreed or strongly agreed.

There were two items regarding a single-payer system with less than 70 percent agreement among medical sociologists. One of these was whether the US should implement a refundable tax credit to encourage people to buy private health insurance. Almost 60 percent disagree that the

US should provide a refundable tax credit as the means of encouragement for people to purchase private health insurance. The other item was whether, if individuals are allowed to purchase their own health insurance plan, they will choose less comprehensive coverage, thus reducing the incentives to overuse health services, in the end lowering health care spending. About 60 percent of medical sociologists agreed or strongly agreed with this, while 25 percent did not have an opinion or did not know and 15 percent had some level of disagreement.

There were three items on which a fairly substantial percentage of medical sociologists expressed no clear opinion or did not know. One question on which medical sociologists had low agreement was whether the US should continue the current tax treatment of health insurance. A large group, almost 35 percent, did not know on this item with about 30 percent agreeing with this item and 25 percent disagreeing. A second question with low agreement and responses split between agreement, disagreement, and unsure was the item "benefits of the Medicare prescription drug benefit exceed the costs." On this item, 31 percent agreed to some amount, 32 percent disagreed and 37 percent expressed no clear opinion. This item asks for an assessment of a current program, and medical sociologists seem split on opinions about the program, with a substantial group not having knowledge about the current program or not wanting to express an opinion. The third item with around a third not expressing an opinion was "if a payer (e.g., a health maintenance organization) negotiates a lower price for hospital services, the hospital will raise prices to other payers." As contrasted to the previous item, while a substantial group (32 percent) did not express an opinion on this item, there was not a split among those that did. Only 10 percent disagreed with the item, while 58 percent agreed.

Overall, these various items indicate that medical sociologists as a group have similar opinions on many items and have strong support for a single-payer approach to health reform versus a more market-oriented approach. The exact shape of the proposals expected to be put forward by the Obama administration are not yet clear, although it seems that there will be an attempt to have a system closer to universal coverage that builds on the current system and adds a public program option for many people. Medical sociologists, based on these items, are in favor of greater coverage and the inclusion of most of the population in coverage. They question whether market-based reforms alone can achieve such goals. As new proposals come forward and a public debate about health care reform occurs, it is interesting for medical sociologists to have some sense of how others in the field view these issues, and this may help medical sociologists to form their own opinions of proposals that come forward and to be available to comment on proposals at this time of increased interest in health care reform topics in the US.

Table 1. Opinions of Sociologists with Interests in Health and Mental Health on Current Health Policy Issues

Policy Issue Statements	Strongly Agree		Don't Know		Strongly Disagree	
	Agree	Disagree	Know	Disagree	Disagree	Disagree
The United States should continue the current tax treatment of employer sponsored health insurance.	5.87	24.94	35.45	23.72	10.02	
The United States should adopt a Canadian style system of universal and compulsory health insurance	42.54	38.88	10.51	6.6	1.47	
The United States should require employers to provide a minimum level of health insurance for their workers.	29.58	39.36	10.27	15.4	5.38	
The United States should implement a refundable tax credit to encourage people to buy private health insurance.	4.89	17.85	18.58	35.21	23.47	
The current profits of pharmaceutical companies are necessary to give them incentive for optimal research and development.	0.98	8.31	7.09	47.68	35.94	
The benefits of the Medicare prescription drug benefit exceed the costs.	6.36	24.45	37.16	24.94	7.09	
If a payer (e.g., a health maintenance organization) negotiates a lower price for hospital services, the hospital will raise prices to other payers.	11	46.94	31.78	9.29	0.98	
The market-oriented proposals, such as tax credits or tax subsidies, would create problems of quality and access to care.	26.65	44.5	17.85	9.54	1.47	
The market-oriented proposals are the best health care plan to allow individuals to purchase coverage that best suits their own needs.	1.47	6.36	10.27	45.72	36.19	
If individuals are allowed to purchase their own health insurance plan, they will choose less comprehensive coverage, thus reducing the incentives to overuse health services, thus lowering health care spending.	2.93	12.71	25.18	47.19	11.98	
If the US had single-payer universal health coverage, quality of health care would be reduced.	1.71	7.82	10.51	40.59	39.36	
If the US had single-payer universal health coverage, overall health care utilization would increase, thus the total costs of health care would be higher than they are now.	2.2	11	14.91	51.83	20.05	
If the US had single-payer universal health coverage, choice in physician and in different treatment options would be more limited than they are now.	2.69	22.25	18.34	39.61	17.11	
It is important that coverage of specific types of care that impact men and women differently (e.g., birth control, Viagra) be similar.	34.23	37.9	12.47	14.43	0.98	
Coverage of mental health care needs should be similar to coverage for physical health care needs.	60.64	32.03	3.18	3.67	0.49	
If broader health care reform does not happen, it is important that funding for specific programs such as SCHIP (the program that provides health insurance to children of the working poor) are continued.	71.15	26.41	1.47	0.24	0.73	

Career and Employment

by Sara Shostak

I recently asked a number of graduate students what topics they most would like to see addressed in this column. I was gratified that a number of their concerns have been addressed in recent years, including strategies for navigating the recession, job opportunities outside of sociology departments, and general sources for research funding.

Another set of questions posed by the graduate students concerned funding. To begin, I will repeat one of best pieces of advice I received in graduate school, from Adele Clarke: "Always apply. You can't get it if you don't apply." Below, I list some places where you might consider applying, depending on your specific substantive foci and stage in graduate school (with many thanks to Professor Tammy Ann Smith, of SUNY Stony Brook, who generously shared with me her list of funding opportunities for graduate students).

American Association of University Women: <http://www.aauw.org/3000/fdnfelgra.html>

American Bar Foundation Fellowships in Law and Social Science: <http://www.americanbarfoundation.org/research/Fellowshipopportunities.html>

Center for Comparative Immigration Studies Fellowships: <http://www.ccis-ucsd.org/Programs/fellowships.htm>

Charlotte W. Newcombe Doctoral Dissertation Fellowships: http://www.woodrow.org/fellowships/religion_ethics/index.php

The Frederick Douglass Institute for African and African-American Studies: <http://www.rochester.edu/College/AAS/fellowships/>

Fulbright-Hays Dissertation Field Research Fellowship: <http://www.ed.gov/programs/iegpsddrap/index.html>

Harry Frank Guggenheim Foundation Fellowship on Violence and Aggression: <http://www.hfg.org/df/guidelines.htm>

HUD University Partnerships: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm#avail>

Individual Advanced Research (IREX): http://www.irex.org/programs/us_scholars/index.asp

Jacob K. Javits Fellowships Program: <http://www.ed.gov/programs/jacobjavits/index.html>

Mellon/ACLS Dissertation Completion Fellowships: <http://www.acls.org/grants/Default.aspx?id=512>

Mellon Fellowships for Dissertation Research (Council on Library and Information Resources): <http://www.clir.org/fellowships/mellon/mellon.html>

Minority Fellowship Program (American Sociological Association): <http://www.asanet.org/page.vw?>



[section=Funding&name=Minority+Fellowship+Program](#)

National Science Foundation:

Sociology: <http://www.nsf.gov/sbe/ses/soc/socck11.jsp>

Science, Technology, and Society: http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=5324&org=SES&from=home

Social Science Research Council:

The Dissertation Proposal Development

Fellowship (DPDF): <http://programs.ssrf.org/dpdf/>

International Dissertation Research Fellowships: <http://programs.ssrf.org/idrf/>

The Morris K. Udall Foundation Dissertation Fellowships:

<http://www.udall.gov/OurPrograms/ECRFellowship/ECRFellowship.aspx>

The Woodrow Wilson Doctoral Dissertation Fellowship in

Women's Studies: http://www.woodrow.org/fellowships/women_gender/index.php

A few of the other graduate students' queries struck me as excellent conversations for the ASA Medical Sociology Reception. So, if you are shy (as I am) or find yourself having a hard time coming up with "cocktail conversation," might I suggest you introduce yourself to someone at the reception and ask them any of the following questions:

- What presses do you think are publishing the most interesting Medical Sociology books?
- What has been your experience publishing your research in Medical Sociology-specific journals?
- What has been your experience publishing your research in general sociology journals?
- What are important strategies for graduate students who wish to teach in a liberal arts college (rather than a research university)?
- How do you promote your work to audiences both within and beyond academia?

The above suggestion is also a partial answer to another of their questions, "How do I network at the ASAs?" That is, go to receptions, as well as to sessions, introduce yourself to folks, ask your advisors to introduce you to their colleagues (especially if they do work related to your interests), ask people for their cards (and give them yours) and follow up with them when you get home. I look forward to seeing y'all in San Francisco.

Employment Opportunity

The Hispanic Health Council (HHC) (<http://www.hispanichealth.com/>) is looking for a **Director, Center for Community Health Research**. The HHC is a community-based organization in Hartford, CT with a 30-year track record of conducting applied research toward developing, testing, and disseminating solutions to health inequities. The successful candidate will be responsible for overall leadership of HHC's Center for Community Health Research (CCHR) and for the development of the broad research services agenda in congruence with the organization's mission and goals and in accordance with innovations in research methodologies and

emerging analytic techniques. The Center conducts community-based participatory research and provides data to inform HHC's public policy agenda and evidence-based service interventions. The Center for Community Health Research shares its research results through publications, collaborations, and conference participation. Interested candidates should send their resumes to: Maria M. Martinez, HR Manager, Hispanic Health Council, 175 Main Street, Hartford, CT 06106; Email: mariam@hispanichealth.com. All applications will remain confidential. The Hispanic Health Council is an equal opportunity employer.

Available On-Line: The 2009 Connecticut Health Disparities Report

The 2009 Connecticut Health Disparities Report compares 63 leading indicators of health and socioeconomic status for racial or ethnic minority populations (and other disparity populations) relative to the White (majority) population of Connecticut. These analyses are presented in the context of current social and economic conditions affecting health outcomes. Health access and health care workforce issues are also addressed. This report

should be helpful to policy makers, researchers, health professionals, advocates, and others working to improve the public's health. The 2009 Connecticut Health Disparities Report is also suitable for academic classroom use. This report may be accessed on-line and hard copies may be ordered via the following link: <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=433794>. The development of this report was supported by a grant from The Connecticut Health Foundation to The Connecticut Department of Public Health (2006-2008), known as The Connecticut Health Disparities Project.

Call for Papers: Special Issue of the *Journal of Aging and Health* on Migration, Aging, and Health Honoring Charles (Chuck) Longino

Guest Editor: Peter Uhlenberg, University of North Carolina

The *Journal of Aging and Health* plans to publish a special issue in 2010 dedicated to Charles Longino in recognition of his many contributions to gerontology. Dr. Longino died on Christmas day, 2008. The theme was selected because of his

scholarly contributions related to migration in late life. Empirical manuscripts are being solicited in the areas of **retirement migration and health (health care) in the US and elsewhere, immigration and health in late life, health care issues of older immigrants, and related topics.**

Manuscripts are due on or before **September 1, 2009**. Submissions should be made electronically via Manuscript Central <http://mc.manuscriptcentral.com/jah>. Any questions regarding potential submissions should be addressed to the Guest Editor, Peter Uhlenberg, uhlen@email.unc.edu.

Book Announcement: Susan Chambre and Melinda Goldner, editors. December 2008. *Patients, Consumers and Civil Society, Advances in Medical Sociology, Volume 10*. Emerald Books. Visit <http://books.emeraldinsight.com>.

Overview:

Health care systems all over the world are undergoing rapid and profound transformations. In the context of these changes, this volume explores cultural forces at work in the transformation of health care institutions, specifically shifts in our understanding

about the role of individuals seeking health care and their identity as patients and/or as consumers. Growing numbers of activated and empowered health consumers and professionals are individually and collectively taking a reflexive and critical role, forming and participating in health-related service, research and advocacy organizations. These changes have contributed to the growth in the number and the role of civil society organizations engaged in shaping and responding to cultural and institutional transformations in health care. Together, these twelve articles advance our knowledge by illustrating how patients and consumers, both individually and collectively, are key actors in restructuring health care systems and health policy in numerous contexts. They illustrate several global trends but, at the same time, significant differences in various societies.

Student News and Views

by Kelly Rhea MacArthur

Keeping Your Options Open

Generally speaking, graduate students are trained to become professors in academic institutions. With the right opportunities and supportive mentors, we are encouraged to do independent research, present at professional conferences, receive rigorous training in the methodologies, publish in academic journals, and teach our own undergraduate courses. The structure of graduate school primes us to become researchers and professors at academic institutions. However, there are many employment opportunities outside of academia. I had never seriously considered a non-academic job for myself before realizing how well some of these positions might fit with my previously-formed career objectives. With the possibility that other graduate students may share this limited view of what a graduate education in Medical Sociology potentially trains us to do, I offer two considerations. First, non-academic jobs are not 'settling' when your qualifications and career goals are in alignment with a non-academic job. Second, it is particularly prudent to consider non-academic positions in poor economic times when *all* jobs are limited.

It is not revolutionary that employment in non-academic environments is available to medical sociologists. However, even when we are cognizant that these opportunities exist, we may resist applying for them. Nonetheless, there is a plethora of non-academic jobs that are appropriate for medical sociologists, including policy analysts, consultants, program managers, survey researchers, gerontologists, statisticians, urban planners, epidemiologists, and demographers, to name but a few. There are national and international organizations, for example, that offer positions related to assessing and promoting health. Within universities, schools of medicine, nursing, and public health appoint medical sociologists as researchers and teachers.

A non-academic job may be well suited to your training and career goals. If, for example, your ambition is to do research, you are not inclined to teach, you prefer a more applied setting, and you are adept at statistics, there are ample opportunities to fulfill your career aspirations in non-academic settings.

Furthermore, if you have reservations about some of the conditions of academia, a non-academic job may relieve some of the tensions such as managing the research/teaching balance, working towards and obtaining tenure (and subsequent promotions), the pressure to publish, or having to live in a certain area despite geographic preferences for living elsewhere. Certainly all jobs have their own issues, challenges, and pressures and some may be similar to those of academia, depending on the specific position.

If you have always wanted to be a professor and that is still your intention, then surely no one would discourage you from doing so just because the current job market is inordinately competitive. On the other hand, sociologists know that despite individual effort, structural conditions often predominate. An overview of the *ASA Job Bank* indicates there are limited positions available as compared with previous years. In an already competitive field, the economic downturn may have adverse effects on the number of available opportunities for Ph.D.'s entering the job market. While the recession hopefully does not induce fear that results in settling for a job you do not want, there is a certain economic reality that makes the need to keep your options open even more critical. If you are currently on the job market, contemporary economic conditions may exacerbate an already difficult process.

Although going to graduate school seems to be predicated upon becoming a professor, your graduate education in Medical Sociology simultaneously qualifies you for a variety of other professions. A non-academic career does not render you a non-sociologist; what makes you a sociologist are the questions you ask and how you answer them. Not only do *you* need to keep your options open, especially in periods of economic decline, but non-academic spheres need *your* sociological eye. I would not suggest to you, nor would I appreciate it being suggested to me, to take a job that you do not want after many arduous years of graduate school; I only encourage you to keep an open mind by not dismissing potentially lucrative opportunities to use your knowledge/skills and fulfill your career goals.

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BOOK RAFFLE SOLICITATION!

The time has come, once again, to consider donating a book to the Medical Sociology Book Raffle. You may contribute your own (people often have extra copies of books they have written) or extra copies of other people's books that you may have received. PLEASE, CURRENT TITLES ONLY AND NO TEXTBOOKS. Remember, these donations are going to a worthy cause - to provide support for the Leo G. Reeder and Roberta G. Simmons Awards.

Please send your donated copies to: Susan Stockdale, Raffle Chair, UCLA Semel Institute Health Services Research Center, 10920 Wilshire Blvd. Ste 300, Los Angeles, CA 90024. If you have any questions about potential donations, please contact me at sstockdale@mednet.ucla.edu. Please send books by August 3, 2009 so I can transport them to the ASA meeting. Thank you for your generous support!

THANKS TO CURRENT STUDENT EDITOR AND CALL FOR NEW STUDENT EDITOR
We want to thank Kelly Rhea MacArthur for her thoughtful "Student News and Views" columns this past year, and wish her the very best in her future career.
We are now soliciting applications from graduate students who might want to hold this position for 2009-2010. This is a wonderful opportunity for a graduate student to become visible to members of the section and to contribute her or his ideas in the form of four columns in the Medical Sociology Newsletter. If you are interested in the position, please send an email to Robin Moremen, Editor, at rmoremen@niu.edu. Please address the following questions in your email:
1. Why are you interested in this position?
2. What are some of your ideas for the "Student News and Views" column?
3. How might these ideas increase student interest in the Medical Sociology Section?