

# Medical Sociology Newsletter

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## NOTES FROM THE CHAIR

By Jane McLeod [jmcleod@indiana.edu](mailto:jmcleod@indiana.edu)



The 2018 ASA Annual Meeting fast approaches: August 11-14, 2018 in Philadelphia, PA! Medical Sociology Section Day is Sunday, August 12<sup>th</sup> but section events and activities stretch across almost the entire meeting. The preliminary ASA program is available online at: <https://convention2.allacademic.com/one/asa/asa18/>.

This year's official section activities begin with our section reception, Saturday, August 11<sup>th</sup> from 6:30-8:10pm (currently scheduled for Salon G, Level 5, in the Philadelphia Marriott), co-sponsored by the Society of Family Planning. Please come reconnect with old friends and greet new section members! Book raffle tickets will be available for sale at the reception.

On Sunday, August 12<sup>th</sup>, our section sessions include:

8:30-9:30am	Refereed Roundtables
9:30-10:10am	Section Business Meeting (featuring our book raffle)
10:30am-12:10pm	Health, Health Care, and Information Technologies
12:30-2:10pm	Leo G. Reeder Address and Awards Ceremony, featuring an address by this year's Reeder Award recipient, Paul Cleary.
2:30-4:10pm	The Politics of Health

Our sessions for Monday, August 13<sup>th</sup> are:

8:30-10:10am	Sociology of Medical Education Part I
2:30-4:10pm	Race, Racism, and Health: Patterns and Processes
4:30-6:10pm	Sociological Research and the Reduction of Health Inequalities.

Many thanks to our session organizers (Matt Grace, Denise Anthony, Celeste Campos-Castillo, Sharon Preves, Tyson Brown, and Sirry Alang) for assembling such an outstanding set of papers!

One of the great pleasures of serving as section chair is to observe the work of our awards committees. As always, each committee faced the difficult task of choosing recipients from among many deserving nominees. Award recipients are listed on page 8 in this newsletter.

## Special points of interest:

- Announcement of 2018 Medical Sociology Election Results—page 9
- A transition...
  - ◊ Interviews with current editors, Barret Michalec & Ann V. Bell
  - ◊ Column by incoming editor, Evan Roberts

## TOUR the National Board of Medical Examiners—August 13

Please join the Medical Sociology Section for a visit to the National Board of Medical Examiners (NBME) on Monday, August 13<sup>th</sup> from 1-5:00 pm. Founded in 1915, the NBME is an independent, not-for-profit organization that serves the public through its high-quality assessments of healthcare professionals, including the United States Medical Licensing Examination (USMLE). The visit will provide attendees with an opportunity to engage with NBME researchers active in the medical education and educational measurement communities and include a tour of the USMLE Step 2 Clinical Skills (CS) Philadelphia test center. Topics of discussion will include: physician wellness and burnout as they relate to high-stakes assessments, healthcare teams and how best to assess them, race and gender differences in USMLE performance, and measuring clinical skills through performance-based assessments using standardized patients. The NBME is located at 3750 Market Street which is approximately 20 minutes from the Convention Center via the SEPTA Market-Frankford subway line. While there is no cost for the visit, participants will be asked to cover their own transportation expenses to and from the NBME (approximately \$4 roundtrip via the subway). A meet-up location will be coordinated so that the group can travel together. Light refreshments will be served. Please contact Monica Cuddy ([mcuddy@nbme.org](mailto:mcuddy@nbme.org)) with any questions and to register for the visit.



## Teaching Ophra Leyser-Whalen & Adelle Monteblando

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The modest direction from our esteemed editors, Ann and Barret, was to “have FUN” with our summer newsletter submission. Although fun too, we will take a pause from our usual focus on course-based undergraduate research experiences and share one easy way we incorporate fun into our medical sociology classroom.

Mister Rogers stated “play is serious learning” and we could not agree more. Play, at any level of instruction, can encourage a level of ease with complex material and the freedom for students to take risks in their thinking. Students assume such in-class activities are a break from studying, however structured play can reinforce learning and allow students to interact with difficult material from an unpredictable and valuable angle. We would like to share a teaching tool that students have described as effective, thoughtful, and **fun**.

One popular classroom activity in medical sociology is to have students act out characters (e.g., one is a patient with a mortal diagnosis, one is that person’s spouse, and one is the physician talking to them). As students enact this situation, anyone can “tap” a character out and jump in and take over that character. Such role playing enables students to use course knowledge that they have acquired and imagine what a patient, a spouse, or physician might be thinking and feeling. This adaptable teaching tool increases student oral participation while bridging the gap between lecture material and the real world. It also tends to attract some students who are not as inclined to participate in more traditional course activities. Nevertheless, student learning occurs through both participation in and observation of the role-play. Lastly, atypical teaching techniques need to be followed by critical reflection, and thus we end the class discussing topics such as how discomfort and fear, culture, and policies might influence patient-provider communication.

Don't forget to check us out on:



Facebook: *MedicalSociologyASA* Twitter: @MedicalSocASA

## Career & Employment

Katrina Kimport [katrina.kimport@ucsf.edu](mailto:katrina.kimport@ucsf.edu)



This year at our annual meeting, ASA is experimenting with something new: a one-day symposium for sociologists working in practice settings. Entitled “Sociology in Practice Settings,” the symposium includes workshops and roundtables aimed at showcasing how practitioners are using sociological knowledge and skills to solve applied problems. All symposium events will take place Sunday, August 12. Sociologists working in practice settings and those considering such a position will have opportunities to build professional networks and gain insight into some of the ways practicing sociology happens outside of traditional academic venues. ASA has produced a video about the symposium: [https://www.youtube.com/watch?v=G8AEfEW\\_SZw](https://www.youtube.com/watch?v=G8AEfEW_SZw).

Of particular note for our section, I want to highlight a roundtable Judy Auerbach, Christine Morton, and I will be leading. While the program doesn’t allow for titles, we’re calling our session “Practicing Sociology in Biomedical Settings.” In it, we will identify contributions sociologists can make--as well as challenges they face--when working in multidisciplinary practice settings, such as organized research collaborations, non-profit organizations, and government agencies. We also will discuss strategies for navigating barriers to the inclusion of sociological perspectives in such multidisciplinary collaborations. By the end of the session, participants will be able to identify the theoretical and methodological skills they already bring to multidisciplinary collaborations from their sociological training, as well as others that they may wish to develop to optimize their success in such collaborations. Participants will have a realistic sense of what working in multidisciplinary practice settings means. The workshop has the support of the Medical Sociology section and has most direct relevance to researchers in health-related fields but the lessons of the workshop apply more broadly. Hope to see you there!

## Student News & Views Alaz Kilicaslan [alazk@bu.edu](mailto:alazk@bu.edu)



For the Summer edition of the newsletter, I interviewed Associate Professor Alya Guseva and Assistant Professor Joseph Harris, both members of the Sociology faculty at Boston University. Aside from being colleagues in the same department, Dr. Guseva and Dr. Harris share three prominent characteristics: they have been teaching medical sociology courses for several years; they primarily identify with subfields other than medical sociology (economic sociology and political sociology, respectively) despite conducting research on medical institutions and practices; and their research is eminently transnational. Below, they discuss their current research agendas and transnational fieldwork experiences, and they give us tips for how to make our teaching better and more relevant for changing times and how medical sociology can contribute to policy debates.

### 1) Could you briefly tell us about yourself and your active research projects?

**Guseva:** I have been trained as an economic sociologist, though medical sociology has always been a special interest of mine even before I started to regularly teach it. Until a few years ago my research and writing exclusively focused on studying consumer finance in the post-communist region. I wrote two books (one of them co-authored) and numerous articles on the emergence of markets for credit cards. Meanwhile, for more than 15 years, I have been developing a portfolio of classes on sociology of medicine, health, illness and healthcare, most of the seats filled by pre-medical and pre-health students. About 4 years ago I felt that I could finally change gears and start a new research agenda on markets for assistant reproductive services in Russia, Ukraine and Kazakhstan. I focus on surrogacy, and I have so far explored the provider side, collecting dozens of interviews with staff in fertility clinics, surrogacy agencies and with family lawyers.

**Harris:** My name is Joseph Harris, and I am an Assistant Professor of Sociology at Boston University and co-founder (with Shiri Noy) of the Global Health and Development interest group within the ASA. I conduct comparative and historical research that sits at the intersection of sociology, political science, and public health. While my work takes up a number of themes and issues that are familiar to medical sociology (including research on the professions, health social movements, comparative healthcare systems) and has been inspired by the contributions of researchers like Eliot Freidson, Andrew Abbott, Phil Brown, Donald Light, and David Mechanic, I am particularly interested in the study of health policy in the developing world.

At a time when the world's wealthiest nations struggle to make healthcare and medicine available to everyone, my recent book – *Achieving Access: Professional Movements and the Politics of Health Universalism* (Cornell University Press, 2017) – examines how and why resource-constrained countries make costly commitments to universal health coverage and AIDS treatment after transitioning to democracy. In the book, drawing on existing concepts in medical sociology, I develop the concept of “professional movements.” Whereas mass movements are typically comprised of lay people, I draw out the way in which professional movements are composed of elites from esteemed professions who draw on knowledge, networks, and resources stemming from privileged positions they hold that set them apart from ordinary citizens. In the domain of universal healthcare, professional movements of doctors draw on these resources to achieve reform on behalf of those in need in the face of opposition from the broader profession of which they are a part. In the domain of AIDS treatment, which lies at the intersection of human rights and intellectual property, lawyers play a central role. The book explores dynamics that made landmark policies possible in Thailand and Brazil but which have led to prolonged struggle and contestation in South Africa. But the concept has implications for many other policy domains and research areas in medical sociology and beyond.

If my book explored the surprising policy commitments that resource-constrained countries sometimes make, then my current Fulbright-funded project examines the surprising influence of peripheral nations in the field of global health. Through a comparison of the processes that led Thailand to become a globally recognized actor in four key policy areas—global health diplomacy, universal coverage, health technology assessment, and tobacco control—I seek to understand how and why a country on the global periphery has produced policy models emulated by countries and organizations around the world and the mechanisms that have led those policies to travel abroad.

In addition to these two projects, I am also working on a number of projects related to the emergent sociology of global health and the growth of global health research within American medical sociology and across the social science disciplines. It's frequently mentioned that American medical sociology focuses primarily on health issues in the U.S. So we ask a number of relevant questions: well, is that true? If so, why is that? What's going on there? And how does sociology's relationship with global health research differ from that of other social science disciplines?

### 2) What role do you see medical sociology playing in public policy debates, and how would you like that role to be different? How can insights from the other subfields of sociology and other disciplines you are engaged in supplement medical sociology in this endeavor?

**Harris:** I have a background in public policy and was recently invited to run for Chair of the Medical Sociology section's Health Policy and Research Committee, so this is an issue that is really dear to me. Obviously, medical sociology as a subfield has made tremendous contributions in helping to understand health disparities, the social determinants of health and the social organization of healthcare, so medical sociology has so much to offer in terms of informing contemporary public policy debates! And researchers from the subfield are certainly playing a role in policy debates. But at a time when the role that evidence plays in public policy debates is sorely lacking, there is a need for medical sociologists to engage even more squarely in these debates. In other words, there is a need for those conducting “professional sociology” to step outside their comfort zones and contribute to “public sociology” as well, following Michael Burawoy's call years ago. This is the only way we can succeed in changing the climate related to the role of evidence in public policy. I think we have to do much more in that regard than we have been doing.

*Con't on page 4...*

Post Notices on the ASA Medical Sociology Section List

<[MEDSOC@LISTSERV.NEU.EDU](mailto:MEDSOC@LISTSERV.NEU.EDU)>

Visit our website at <http://www.asanet.org/asa-communities/sections/medical-sociology>

### ...Con't from page 3

I think the future of medical sociology depends on the subfield becoming more open to the insights and approaches that other sociological subfields (and other disciplines) have to offer, for example in the sociology of culture, the sociology of development, global and transnational sociology, political sociology, and comparative and historical sociology. This kind of cross-fertilization will open up new lines of inquiry and research pathways and help extend literatures that have stagnated in interesting new directions. In that regard, I was very gratified to see Terry McDonnell's great book, *Best Laid Plans: Cultural Entropy and the Unraveling of AIDS Media Campaigns*, recognized with the Eliot Freidson Award this year. Contributions like this that draw on other fields, as my book does as well, shake things up and help the subfield to grow in new ways.

#### **3) You both conduct research on transnational health care practices and institutions. What are some specific challenges that you have encountered and why is transnational research important?**

**Guseva:** Transnational research is extremely important if we are to understand transnational phenomena. Reproductive markets in particular are rarely confined to national borders because legality of services, eligibility of different kinds of people to commission them and costs vary greatly, sending scores of potential parents sometimes to neighboring countries, but other times across the world. Providers -- fertility clinics and surrogacy agencies -- often operate as global actors, too. And even surrogates and egg donors can sometimes travel. One of the challenges is deciding on the unit of analysis (is it a clinic, or a country, or a dyad of a sending and a receiving countries, or a cluster of clinic-agency-parents-surrogate mother?). The other challenge is the usual logistics of conducting research in multiple locations, including the need to be multilingual.

**Harris:** I think one of the most difficult challenges that doesn't get talked about enough is the long-term social isolation associated with the research process. And this is true whether you are conducting research transnationally or not. But when one is far away from home in a foreign environment, even if you know it well, these challenges can be magnified many times over, since some of the normal supports one relies on back home are just not there. And the stakes are incredibly high! If you think about it, the fate of interview-based research really hinges on the kindness of busy strangers who don't have to give you the time of day if they don't want to. And if they do, then you have to have further faith that they will tell you something that will be interesting and useful for your work. And this is without even getting into the issue of the tall tasks of processing and analyzing the data one collects, discovering the unique way in which it extends or challenges theory, actually doing the work required to produce a finished product, or finding a way to "sell" the insights of your work to a discipline that tends to focus much more on the United States. I honestly don't know of any other profession that requires the people who work within it to have such a remarkable amount of belief in one's self and faith in others than academic research. These are issues that should obviously be talked about more and addressed more explicitly starting in graduate school. It's therefore critically important for transnational researchers to find ways to maintain balance and preserve your mental health when conducting research. For me, that's always meant finding time to exercise, to do my work and the other things that are important to me, and to spend time with a community of friends. And to avail yourself of other resources if needed. You have to find ways to get the support you need.

#### **4) Medical sociology classes are more prevalent than ever, partially thanks to the introduction of sociology questions into the MCAT exam. How can we improve our teaching and make it even more relevant for changing times and student interests/needs?**

**Guseva:** Interest in medical sociology and sociology of health, illness and healthcare is at all times high. Our 80-seat introductory Sociology of Healthcare class is now offered twice a year and is usually overenrolled (this is the class that I started to teach in 2001 with barely 15 students). A large number of students in our introductory sociology classes are also pursuing pre-med or pre-health tracks. I set two main goals when I teach: the first one is to provide students with a sociological toolbox that will make them critical observers of the healthcare field, more culturally competent, socially aware and compassionate providers, and/or more knowledgeable and empowered patients (a few, I am sure, will soon join the ranks of passionate healthcare reformers). The second goal is to be relevant and up-to-date. The healthcare field is as complex as it is fast-moving. In an effort to get students interested and accustomed to engaging with health news, a year ago my TF and I set up a group on Facebook, where students are required to periodically post analyses of recent health-related articles. What started as an assignment soon became an up-to-date collection of most interesting health-related articles and a forum for discussion. I now post, too, if I find something striking and want to share. The group's collective wisdom helps me stay on top and keep the class current: I regularly learn about new developments or debates from my students' posts and incorporate them into the lectures. Students, in turn, often follow up on the issues discussed in class with relevant news pieces, demonstrating their mastery in applying the sociological tools acquired in class. Many former students choose to stay in the group, so the number of members is constantly growing.

**Harris:** In a few words, make classes interactive and relevant. Show -- don't tell -- students why and how concepts like the social determinants of health matter through great videos, engagements with compelling guest speakers, and interesting exercises that teach them new skills that they can apply in their future work and life, like op-ed writing. Don't shy away from the hard or ugly truths of the American healthcare system and medicine as it is practiced now. Use those pieces to force students to reckon with and prepare for the difficult realities they will face in medical school and the healthcare field. Some students who don't like what they see may decide to work to change the system, rather than go into medicine. Others will go into the field more prepared, with their eyes wide open and a more humble perspective about what they can accomplish, and with a much better handle on the sources, issues, and actors that they can draw on to ensure that they remain informed and humane physicians. I think it's incumbent on people teaching these courses to make sure that students become aware of those resources.

## Get Connected

Simon Geletta & Mel Jeske

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### Website Visits

Between the end of March and the beginning of the current month of June our website was visited 214 times by 193 visitors. The number of visitors is almost the same as what was reported for the previous quarter (only one visitor more). Most visits occurred during the month of May. Most visitors came to our site through referral, or through organic search. Although most visitors are from the US, this quarter we had a substantial number of visitors from France. Other countries that contributed visitors to our site include the UK, India and the Philippines.

### Updates to the website

We have now created a space for section related news and events – called *“Medical Sociology News & Events”*. If you have any news that you think could be of interest to members, please forward them to me and I will publish them on that page. The best way to get materials to me is through e-mail (sgeletta@dmu.edu).

### Social Media Activities

Our Facebook page now has 2,200 followers. Our recent Spring newsletter reached 500 people on Facebook. Our Twitter and LinkedIn groups remain stable, hovering ~950 and ~450 members respectively. If you haven't connected with us on these platforms, please do so! Send us opportunities related to medical sociology—we are happy to post faculty, post-doc, and government positions, and hope to extend our reach by advertising predoctoral fellowship and undergraduate opportunities.

Please contact Mel (mel.jeske@ucsf.edu) or send us a message on Facebook if you have anything you'd like posted to our social media accounts.

Additionally, we are looking for someone to take over social media postings. Please let us know if you are interested in taking on this role!

Please contact Mel (mel.jeske@ucsf.edu) or send us a message on Facebook if you have anything you'd like posted to our social media accounts!

## Health Policy

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At a recent grantee meeting for the William T. Grant Foundation, the President of the Foundation, Adam Gamoran, and colleagues challenged those of us in attendance to consider an alternative to the H-Index (an author-level metric to measure productivity and citation impact of publications) that was referred to as the S-Index. This thought experiment considered the S-Index as an author-level metric for the social impact of our work. In reflecting on this and how we might measure such a metric, participants discussed potentially relying on:

- Content or software citation analyses deriving from multiple sources (e.g., professional publications, treatment guidelines and protocols, policy documents, Cochrane library)
- Indexing of researcher-generated products for practitioners and/or policymakers (e.g., methods for assessment of implementation of care, instruments, healthcare technologies and services)
- Assessment of dissemination and translation of findings (e.g., presentation for a non-scientific audiences, fact sheets, media engagement)
- Memberships (e.g., member of committees issuing policy document or advisory committees)
- Teaching (e.g., education of health professionals or policymakers based on research)

While such a measure is provocative in the context of the extensive pressures already placed on students and faculty, I presume few would challenge the imperative to increase our “S-indexes” in the current political climate. In this spirit, the Health Policy and Research Committee is co-sponsoring a **Policy Engagement Preconference** at the Philadelphia Marriott Downtown (303, Level 3) at the 113<sup>th</sup> ASA Annual Meeting to offer sociologists ways to increase the social impact of their research from **9AM-3:30PM on Friday August, 10, 2018**. The pre-conference will be facilitated by [the Scholar Strategy Network](#) and provide the opportunity for scholars to learn how to navigate the policy process and assist you with the skills and strategies to make your research matter more to policymakers. Any questions or thoughts, please email me at [tmackie@ifh.rutgers.edu](mailto:tmackie@ifh.rutgers.edu).

## More ASA annual meeting events of interest

*You will find much medical sociology to enjoy beyond our official section sessions, including:*

### Saturday, August 11<sup>th</sup>

10:30am-12:10pm	Regular Session. Health and Mortality
2:30-4:10pm	Section on Disability and Society. The Politics of Disabilities
2:30-4:10pm	Regular Session. Biomedical Anxieties: AIDS Risk, Discrimination, and Healthcare Access
4:30-6:10pm	Regular Session. Health and Well-being across the Life Course

### Sunday, August 12<sup>th</sup>

8:30-10:10am	Regular Session. Reproductive Control and Decision-Making
8:30-10:10am	Regular Session. Social Network Studies of Health and Well-being
10:30am-12:10pm	Regular Session. Emerging Issues in Mental Health
2:30-4:10pm	Sociology in Practice Settings Symposium: Roundtable on Leveraging Marginal Status as the Lone Social Scientist in the Room Where it Happens, featuring medical sociologists who work in practice settings
2:30-4:10pm	Policy and Research Workshop. Workshop on Disability Measures and Data
2:30-4:10pm	Regular Session. Disability and Society: Systemic Supports, Barriers, and Inequality

### Monday, August 13<sup>th</sup>

8:30-10:10am	Regular Session. Neglected Topics in Mental Health Research
8:30-10:10am	Regular Session. Health Care and Care Delivery
10:30am-12:10pm	Regular Session. Medical Education: History, Status, and Reform
2:30-4:10pm	Special Session. New Theoretical and Methodological Developments in Stigma
4:30-6:10pm	Special Session. Reducing Stigma: Broadening our Approaches to Interventions
4:30-6:10pm	Sociology of Population. Trends and Disparities in American Health and Mortality
4:30-6:10pm	Regular Session. Health Policy

### Tuesday, August 14<sup>th</sup>

8:30-10:10am	Sociology of Mental Health. The Sociological Study of Stress: Applications, Elaborations, and Critiques
10:30am-12:10pm	Sociology of Population. Spatial Inequality in the United States: Emerging Health and Economic Disparities
10:30am-12:10pm	Regular Session. Risk, Diagnosis, and Prognosis
10:30am-12:10pm	Sociology of Mental Health. Is the Sociology of Mental Health at a Crossroads?
12:30-2:10pm	Regular Session. Reproductive Bodies and Selves
12:30-2:10pm	Regular Session. Care at the End of Life
2:30-4:10pm	Sociology of Mental Health. Developing and Testing Creative Synergies between the Sociology of Mental Health and Organizations, Occupations, and Work

**DON'T FORGET TO RENEW YOUR SECTION MEMBERSHIP IN THE MEDICAL SOCIOLOGY SECTION!**

***PLEASE KEEP SIGNING UP YOUR STUDENTS AND ENCOURAGING YOUR COLLEAGUES TO JOIN!***

We were deeply saddened to learn of the recent death of R. Jay Turner, on May 12<sup>th</sup> after a brief illness. His son, J. Blake Turner, prepared this obituary which will appear also in *Footnotes*.

<http://www.asanet.org/asa-communities/sections/sites/medical-sociology/medical-sociology-news-events>



## Interview with...the Newsletter Editors: Barret Michalec & Ann V. Bell

As this is our FINAL issue after four years as co-editors of the Medical Sociology newsletter, we decided to interview each other in place of our "Interview with a Scholar" column. It has been a long, yet special journey editing the section's newsletter. We feel very privileged to have been in this role. From topics on public sociology to environmental health to medical art, we hope you have enjoyed the diversity we tried to achieve in demonstrating the breadth and depth of our sub-field. We look forward to handing over the reigns to Evan Roberts as the new Editor of the newsletter. Thank you for the journey. We have certainly enjoyed the ride!

### **Barret Michalec**

#### **1) Do you have a favorite issue from our editorial-ship? If so, which one and why?**

To answer this question and refresh my memory, I went back and reviewed all the issues we had completed. We tackled a lot of cool and important issues, topics, and perspectives. I'm actually really proud of us! I mean that. But to answer the question....yea, I'm not going to answer this properly, but there are parts of various issues that are my favorite. For many of the issues, we had to reach out to people and scholars that I admired and was basically in "awe" of and ask them to either be interviewed or write a guest column - and they always did it! No one ever said no - and that blows my mind and makes me feel like we all *are* interconnected and most are interested in getting the word out about important issues. There was an advocacy angle to many of our issues and we approached those topics from an interdisciplinary frame/lens. So, I loved the issues where we "went there" but also engaged key figures/scholars in that arena.

If I had to pick one issue though, it was the Spring 2018 issue on "Engaging Art (in various forms)". Not only did it provide me an opportunity to connect with Shelley Wall and Ian Williams, but I also got to see how our sociology colleagues thought about this broad topic.

However, the Winter 2015 issue will always have a special place in my heart because I remember you and I in a pub in London (co-directing the soc of health study abroad program) huddled over pints and your laptop working on it.

#### **2) What are 3 "things" you'll take away from serving as an Editor of the Newsletter?**

- If you want to connect with someone, regardless of their stature, rank, or public profile, you should reach out to them. What's the worst that could happen?
- Deadlines *are* important and should be met
- Two heads are better than one.

#### **3) As the new Associate Dean of Interprofessional Education what is/are projects you're working on that you're totally excited about? And, any new plans for this next phase?**

So right now I have three initiatives I am very excited about. I am working with Fred Hafferty, and a faculty member in the Art & Design school here at UD, and together we are exploring humanism in the premed realm through interviews with premeds but reporting our findings through a graphic novel. The initial findings are incredibly interesting and the preliminary art work that reports/showcases those findings is amazing. At a recent symposium, we presented a poster depicting one particular theme and folks' jaws dropped. We're on to something here, something that I think has potential to impact the premed experience and med school admissions processes.

As the AD of IPE, I created an Empathy & Affect Recognition class - funding for which was provided by the Arnold P. Gold Foundation (which has also helped to fund the graphic novel on premeds), and the Horn Program here at UD. Initially, the course was only offered to undergraduates in the health professions (e.g., premeds, nursing students, pre-PAs, pre-OTs, etc.) but we're going to open up the course to include all students in hopes that students from the Arts, Humanities, and Social Sciences enroll. We pull from all those arenas in this course, so it would be outstanding to have all these types of students learning with, from, and about each other. And we just got a grant to offer the program at the graduate-level as well.

Finally, in my administrative role, I am going to embark on a massive undertaking next year and make "moves" (i.e., financial-, curricular-, faculty-wise) to more explicitly and formally integrate the Arts, Humanities, and Social Sciences into STEMM majors. I'm done messing around with this, it's time to make real change in the type of pre-professionals we are cultivating.

### **Ann V. Bell**

#### **1) Do you have a favorite issue from our editorial-ship? If so, which one and why?**

Oh goodness, do I have to pick just one? As silly as it might sound, my favorite issue is our first issue, Fall 2014. There was a sense of pride in creating and constructing this initial newsletter. Not only did we get thrust into an unknown world, but it was a world filled with fantastic scholars and interesting people. I will never forget sitting at the coffee shop in Trolley Square, selecting formatting, colors, and most importantly, content for the issues. We were able to design the newsletter so that it potentially reached more individuals via electronic sources. So, we began including the "Get Connected" column and had columnists cut down their entries so they would mirror blog posts rather than long essays. We also began thematic newsletter issues through the incorporation of the interview with a scholar and guest columnists which often (but not always) coordinated their topics. For instance, we pursued themes near and dear to my heart, including qualitative research in medical sociology (Winter 2015), the sociology of reproduction (Fall 2015), how to write a book proposal (Fall 2014), among others.

#### **2) What are 3 "things" you'll take away from serving as an Editor of the Newsletter?**

- that medical sociology is a thriving area of study with so much to offer (but, who didn't know that already?)
- frequent reminders don't always help
- It's all in the details...

#### **3) You just earned tenure and promotion - what is/are projects you're working on that you're totally excited about? And, any new plans for this next phase?**

Right now, I'm just ready to collapse and enjoy. But, in all honesty, of course I have a million projects in my mind that I'd love to start—studying reproductive health inequalities offers many opportunities. My pride and joy topic of infertility will always be a priority. I will continue to explore how individuals of various backgrounds (e.g., gender, sexuality, class, and race) experience the issue. I am also knee deep in my research on contraception, exploring the attitudes, behaviors, and beliefs around the methods among women, their partners, and health care providers. Finally, I hope to engage in more interdisciplinary, collaborative work with colleagues across this campus and others.

**CONGRATULATIONS to this year's Award Winners!!!**

- Leo G. Reeder Award: Paul Cleary, Yale University
- Freidson Award: Terence McDonnell, University of Notre Dame, for his book entitled, "Best Laid Plans: Cultural Entropy and the Unraveling of AIDS Media Campaigns" (University of Chicago Press)
- Roberta G. Simmons Award: Lindsay Stevens, Rutgers University, "According to Plan?: Medicine, Culture, and Reproductive Planning in the United States"
  - *Honorable Mention*: Matthew Grace, Hamilton College, "Fractures in the Medical Education Pipeline: The Social Determinants of Program Attrition among Early Career Premedical Students"
- Howard B. Kaplan Memorial Award: Wallis Adams, Northeastern University
- Donald W. Light Award: Jennifer Reich, University of Colorado-Denver, "Calling the Shots: Why Parents Reject Vaccines" (NYU Press)
- Louise Johnson Scholar: Lauren Olsen, University of California-San Diego

**Welcome! New Newsletter Editor: Evan Roberts**    [eroberts@umn.edu](mailto:eroberts@umn.edu)



Hello! I am the incoming editor of the Section newsletter from Fall 2018, and looking forward to working with the section leadership and members for the next few years.

I have been working in health research for 20 years, getting into the field working as a researcher at the New Zealand Ministry of Health and the Health Services Research Centre (Victoria University of Wellington) before I moved to the United States for graduate school. While in these jobs I was lucky to work on diverse projects including studies of asthma and primary care, evaluations of community mental health projects, and studies of hypertension and anti-depressant prescribing. For the last decade my work has been focused on health inequalities and health over the life course. My main focus has been a study of long-term health trends in New Zealand, with particular attention to the evolution of ethnic (indigenous and European) health inequalities. As part of that research I am blending an epidemiological study of changing suicide risks among New Zealand veterans from World War I and II, with qualitative analysis of the narratives surviving family members and acquaintances used to explain suicide. My American-focused research uses historical census records to examine early-life influences on later life health and mortality.

Since 2015, I have led a citizen science project, Measuring the ANZACs (<http://www.measuringtheanzacs.org/>) to "crowd source" the transcription of New Zealand military personnel files from WWI. The focus of the transcription effort is on collecting health, medical, wounding, and demographic information from the files. Despite their age and distance these files have proved fantastic for teaching Sociology of Health to students in America today. Stay tuned for more on teaching with old medical files in future issues.

I intend to follow the doctors and "first, do no harm" as I take over. One feature I want to introduce (with your help!) are conversations between post-docs or untenured faculty, with nearly-or-just retired scholars. This feature would rotate with the current interviews by graduate students. I welcome suggestions and contributions via old-fashioned email ([eroberts@umn.edu](mailto:eroberts@umn.edu)) or modern social media (@evanrobertsnz). Have a fantastic summer, and see you in Philadelphia.

**DONATE to Medical Sociology Section's Annual Book Raffle!!!**

Please consider supporting the Roberta G. Simmons Outstanding Dissertation in Medical Sociology award by donating a book to this year's Annual Book Raffle. You may contribute any extra copies of your own book or other books, as long as they are current titles and not textbooks. These donations are going to a worthy cause – and you'll want to buy raffle tickets at the meeting, as well! Please send your donated copies to:

Sara Rubin  
 University of California-San Francisco  
 Department of Social and Behavioral Sciences  
 3333 California Street, Suite 455  
 San Francisco, CA 94118

If you have any questions about potential donations, please contact Sara at [sara.rubin@ucsf.edu](mailto:sara.rubin@ucsf.edu). Please send books by **July 31st** so they can be transported to the ASA meeting or email to arrange a hand-off in Philadelphia. Thank you for your generous support!

## 2018 Medical Sociology Election Results

**Chair-Elect (1-year term begins in 2018):** Deborah Carr, Boston University

**Secretary/Treasurer-Elect (3-year term begins in 2018):** Miranda Waggoner, Florida State University

**Council Members (2-year term begins in 2018):** Patricia P. Rieker, Boston University

**Student Council Members (2-year term begins in 2018):** Aalap Bommaraju, University of Cincinnati

**Health Policy and Research Committee Chair (2-year term begins in 2018):** Shannon Monnat, Syracuse University

**Membership Chair (2-year term begins in 2018):** Robyn Brown, University of Kentucky

**Nominations Committee Chair-Elect (1-year term begins in 2018):** Jennifer Karas Montez, Syracuse University

**Nominations Committee (1-year term begins in 2018):** Tania Jenkins, Temple University ; Courtney Boen, University of Pennsylvania

**Nominations Committee, Student Member (1-year term begins in 2018):** Lauren Olsen, University of California San Diego

**Bylaws Amendment:** Passed

**CONGRATULATIONS TO ALL!!!**

### THANKS TO CURRENT STUDENT EDITOR & CALL FOR NEW STUDENT EDITOR(S)

Thanks are due to **Alaz Kilicaslan** at Boston University for innovative columns & insightful interviews with fascinating medical sociologists this past year in "Student News and Views." We are now soliciting applications from graduate students to hold this position for 2018-2019. The position increases your visibility to members of the section and offers an opportunity to share your ideas in the form of four columns in the newsletter. If you are interested in the position, please send an email to Evan Roberts, [eroberts@umn.edu](mailto:eroberts@umn.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 we increase student interest in the Medical Sociology Section?



**A PUBLICATION OF THE MEDICAL  
SOCIOLOGY SECTION OF THE ASA**

**NEWSLETTER EDITORS:** Ann V. Bell ([avbell@udel.edu](mailto:avbell@udel.edu)) & Barret Michalec ([bmichal@udel.edu](mailto:bmichal@udel.edu))