

# Medical Sociology Newsletter



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## NOTES FROM THE CHAIR

By Debra Umberson [umberson@prc.utexas.edu](mailto:umberson@prc.utexas.edu)

Happy New Year – 2017 is sure to be an interesting one.

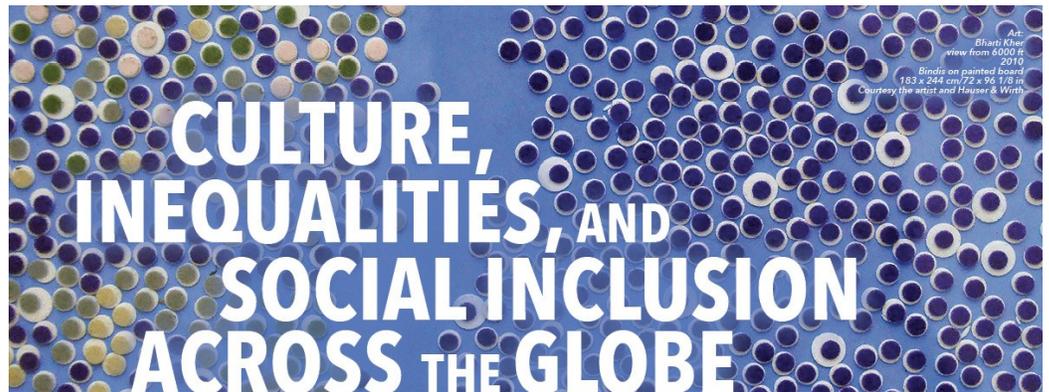
You can launch the new year with a submission to one of this year's ASA Medical Sociology sessions. You will find a description of the sessions in our last newsletter and at the ASA website. We have eight sessions slated, including the annual Leo G. Reeder Award address by **Kathy Charmaz**, the 2017 award recipient. The Reeder Award is for distinguished contributions and service to the field of medical sociology. Adele Clark has written an article for this newsletter that showcases some of Kathy's many contributions to the field.

Please be sure to submit your ASA paper by January 11<sup>th</sup>. Regardless of whatever else 2017 throws at us, we will have a wonderful time in Montreal. Kristi Williams and I are already planning this year's annual joint medical sociology/mental health sections reception.

I look forward to seeing all of you in August! Best wishes, Deb

## Special points of interest:

- Announcement of 2017 Reeder Award Winner!
- A focus on grant writing—
  - ◇ Interview with Chloe Bird
  - ◇ Guest Column by NIH



Post Notices on the ASA Medical Sociology Section List  
<[MEDSOC@LISTSERV.NEU.EDU](mailto:MEDSOC@LISTSERV.NEU.EDU)>

Please note that the link to our website has changed from what it was (<http://asanet.org/medicalsociology>) to <http://www.asanet.org/asa-communities/sections/medical-sociology>

## 2017 Reeder Award Winner: KATHY CHARMAZ

Professor Emerita Kathy Charmaz will receive the Leo G. Reeder Award for 2017, the highest honor of the ASA Medical Sociology Section. Kathy recently retired as Professor of Sociology and Director of the Faculty Writing Program at Sonoma State University where she was affiliated for forty-three years. She took her PhD at U.C. San Francisco. Kathy earned the major recognition of the Reeder Award for multiple reasons: definitive scholarly contributions to the field, transnational recognition as a medical sociologist of highest repute, a stunningly impressive record of service to the section, and extensive—even life-changing—mentorship of faculty and students.



Kathy's relevant specialty areas include not only medical sociology but also sociology of aging, disability, death and dying, sociology of emotions, and sociology of the body. These are deeply linked empirically throughout her work, regardless of the section structure of the ASA. Many of her scholarly contributions have become enduring "classics." Her pioneering concepts are notably robust and have retained their relevance stunningly well, especially vis-à-vis chronic illness.

Kathy published 6 (six) books in these areas: *The Social Reality of Death* (Addison-Wesley, 1980), *Good Days, Bad Days: The Self in Chronic Illness and Time* (Rutgers University Press, 1991), Jaber F. Gubrium and Kathy Charmaz (Eds.) *Aging, the Self and Community* (JAI Press, 1992), Kathy Charmaz, Glennys Howarth, and Allan Kellehear (Eds.) *The Unknown Country: Death in Australia, Britain and the U.S.A.* (Macmillan and St. Martin's, 1997), and Kathy Charmaz and Debora A. Paterniti (Eds.) *Health, Illness, and Healing: Society, Social Context, and Self* (Roxbury, 1999 and 2007).

Kathy is arguably best known for *Good Days, Bad Days* which won both the 1992 Charles Horton Cooley Award for Outstanding Publication from the Society for the Study of Symbolic Interaction and the Distinguished Scholarship Award for 1992 from the Pacific Sociological Association. This book also won our minds and hearts in terms of exquisitely capturing the complex joys, sorrows and palpable everyday work of coming to terms and living with chronic illness and disability over time and changing circumstances. Context and situatedness are consistently integral to Charmaz's analytics. In this opus, we not only grasp the range of meanings of chronic illness and disability but also their implications for employment and careers, for love and companionship. Kathy's original training as an occupational therapist is one wellspring of this work.

Many articles that matter to medical sociology are by Kathy Charmaz, both alone and in collaboration with a wide array of junior and senior colleagues. Her first sociology publication appeared in *Social Problems* in 1970. Her paper "Loss of Self: A Fundamental Form of Suffering in the Chronically Ill" (*Sociology of Health and Illness*, 1983) pioneered in the sociology of emotions, linking it to medical sociology. Her paper "Identity Dilemmas of Chronically Ill Men" (*Sociological Quarterly*, 1994) pioneered in gender and chronic illness and was multiply reprinted.

In reviewing Kathy's empirical contributions to medical sociology, it is vividly clear that she has been committed to expansion of the field both theoretically and methodologically. Trained as a medical sociologist and qualitative researcher by Anselm Strauss, Barney Glaser, Virginia Olesen and Fred Davis, her work has been integral to shaping and sustaining a commitment to qualitative inquiry and teaching in medical sociology and sociology more broadly.

Charmaz boldly challenged common paradigms in qualitative research methods and put forward a freshly conceptualized and much enriched approach in her *Constructing Grounded Theory* (2006, 2014). This volume is itself ambitious both theoretically and methodologically, clarifying epistemological roots and promoting a depth of theoretical conceptualization that is sorely needed. Richly illustrated using her own research on chronic illness, it is the "go to" resource not only for grounded theory methods advice and guidance but also for guidance in writing, revising, and publishing. In terms of teaching qualitative methods, Charmaz's book works wonderfully for both master's and doctoral students who deeply appreciate that the writing is clear and accessible and that the examples so illuminating of the methodology. Far exceeding the ambit of most methods texts, Charmaz ends her book with a discussion of grounded theory in global perspective including the effects of post-colonialism and indigeneity. She is also co-editor of the *Handbook of Grounded Theory* (2007, in prep. 2017), a remarkably sophisticated volume with contributors from many countries and disciplines.

Kathy's many contributions to the field have been widely recognized nationally and internationally. She received the George Herbert Mead Award for Lifetime Achievement from the Society for the Study of Symbolic Interaction in 2006. She has also had the major honor of giving not one but two Plenary Addresses to the 2012 Medical Sociology Annual Conference of the British Sociological Association, that organization's equivalent of the Reeder Award. Kathy has also been internationally recognized through invitations to serve as a guest professor. She has visited at the Institute of Health Care Sciences, Sahlgrenska Academy, University of Gothenburg, the School of Health Sciences, University of South Denmark, Odense, the Karolinska Institute, Stockholm, and the Faculty of Health Studies, Auckland Institute of Technology, Auckland, New Zealand, among others.

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...Con't from page 2

### Service to the Medical Sociology Section

Since 1983, Kathy Charmaz has done impressive and sustained service for the Medical Sociology Section including the following:

Chair, Publications Committee 2013-2015

Chair, Medical Sociology Section 2004-2005

Chair-elect, Medical Sociology Section, 2003-2004

Secretary-Treasurer, Medical Sociology Section, 1993-1995

Secretary-Treasurer Elect, Medical Sociology Section Council, 1992-1993

Chair, Nominations Committee, Medical Sociology Section, 1989-1990

Member, Medical Sociology Section Council, 1989-1991

Member, Medical Sociology Section Council, 1986-1988

Chair, Teaching Medical Sociology Committee, 1983-1985

Member, Medical Sociology Section Council, 1983-1985

This is a truly impressive record of service.

### Mentorship

Significantly, on each of the many committees on which she has served, at each of the meetings she has attended, and at the many talks she has given, Kathy Charmaz has found important ways to mentor junior scholars. The nominating packet beautifully developed this point, noting how her powerful mentoring interventions have often gotten careers back on track and reshaped careers and lives in profound ways. Mentorship is truly in Kathy's bones, and it deserves to be underscored that she is among the most generous and diligent mentors in the discipline.

Not surprisingly, Kathy's mentoring has been recognized with the Feminist Mentorship Award of the Society for the Study of Symbolic Interaction in 2001. She served as Faculty Mentor for the Sociology Department at Sonoma State University from 2007-2015. And she organized and presented at many conference sessions on mentorship including "Editors as Mentors" for the Society for the Study of Symbolic Interaction (1970), "Our Feminist Mentors" at the Pacific Sociological Association meetings (1992), "Mentoring Session: Getting and Keeping a Job" and "Mentoring Session: Practical Advice for Publishing Your Work," both for the Society for the Study of Symbolic Interaction (2013).

Two personal stories of mentorship will illustrate this vividly. I (Adele Clarke) met Kathy Charmaz at the ASA meetings in 1975 at which she carefully introduced me to other people as I knew no one. I became her colleague at Sonoma State in 1978 and she generously mentored me there through arduous years. When I discussed my desire to return for my PhD, Kathy urged me to apply to UCSF, handed me books by the faculty, and wrote a letter of recommendation. After I was accepted, she organized a writing group composed of scholars from Berkeley, UCSF and elsewhere who taught me how to engage diverse audiences and manage contradictory feedback. We have co-authored and co-edited across several decades and her generosity to myself and others continues to impress.

A second example of Kathy Charmaz's "informal" mentoring is offered by Linda Liska Belgrave. She wrote: "When Kathy invited me to co-author a handbook chapter on interviewing and grounded theory analysis, she changed my career. Working with her since then on a number of book chapters and encyclopedia entries, I have deepened my knowledge of both grounded theory and symbolic interactionist theory, as well as the substantive topics we covered. I came to appreciate more deeply the potential of symbolic interactionism for addressing not only the connections between individual experience and social structures (especially structures of inequality), but also social justice issues. Moreover, my writing improved more than I could have imagined. What a privilege it has been to write with someone of Kathy's caliber!"

Kathy's impressive professional service to medical sociology also extends more widely. Her service on related editorial boards includes *International Journal of Qualitative Health and Well-Being* (2007-present), *Qualitative Health Research* (2007-present), *Handbook on Qualitative Health Research* (2007-2011), *Reciis: Electronic Journal in Communication, Information, and Innovation in Health* (2006-2009), *Journal of Health and Social Behavior* (2005-2007), *Qualitative Sociological Review* (2004-2007), *Social Theory and Health* (2004-present), *Culture, Medicine and Psychiatry* (2002-2007), and *Handbook of Social Studies and Health and Medicine* (1996-1999). Those who know Kathy Charmaz know that she takes such service extremely seriously and, unlike many of our colleagues, is utterly reliable.

One of the less visible ways in which Kathy has promoted medical sociology is through all her talks and papers that don't have medical or health in the title, and perhaps most impressively through massive amounts of international travel where she represents medical sociology both explicitly in talks on such topics and more tangentially wherein her own medical sociology research is used as an exemplar of grounded theory and other topics.

Kathy Charmaz has also taught generations of sociologists how to improve their writing, particularly vis-à-vis doing justice the "thick descriptiveness" of qualitative data. Kathy was Director of the Faculty Writing Program at Sonoma State University from 1996-2015, helping junior faculty publish to get tenure. Since 2007, she has offered classes and workshops on writing at the University of California, San Francisco, Royal Melbourne Institute of Technology, the School of Psychology and Public Health, Bouverie Centre, Latrobe University, the School of Nursing and Human Sciences, Dublin City University, Virginia Tech University in Blacksburg and the University of North Carolina, Chapel Hill.

In sum, Professor Kathy Charmaz is an exceptional medical sociologist, a tireless mentor and a deeply valued colleague who justly deserves recognition of her lifetime of achievements and service to the medical sociology community by being honored with the Leo G. Reeder Award. Multiple generations of sociologists joined together enthusiastically and appreciatively in making this happily successful nomination: Adele E. Clarke, Renee C. Fox, Virginia L. Olesen, Linda Liska Belgrave, Nancy Kutner, Robyn Lewis Brown, Brian Grossman, Dena T. Smith, Jennifer Hemler, and Alexandra Vinson.

By Adele Clarke

## Call for ASA Award Nominations

### 2018 Reeder Award

The Medical Sociology Section invites nominations for the 2018 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Philadelphia. This award is given annually for Distinguished Contribution to Medical Sociology. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit letter of nomination, at least two other suggestions for nominators, and the nominee's curriculum vitae to Jane McLeod at [jmcleod@indiana.edu](mailto:jmcleod@indiana.edu) with the subject line: 2018 Reeder Award Nomination. Nominations are due by April 1, 2017. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.

### 2017 Eliot Freidson Outstanding Publication Award

Seeking Book Nominations The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2017 award will be given to an *article* published in either 2015 or 2016. The article may deal with any topic in medical sociology, broadly defined. Self-nominations are permissible and encouraged. When making your nomination, please indicate (however briefly) the reason for the nomination. Send your nomination letter by email to Rene Almeling at [rene.almeling@yale.edu](mailto:rene.almeling@yale.edu) with the subject line: 2017 Freidson Award Nomination. Nominations are due by April 1, 2017.

### 2017 Simmons Award

Nominations are being accepted for the 2017 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. The awardee will receive a \$750 travel grant to attend the ASA meetings and an award certificate, and will attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting at which the award is made. To be considered for the 2017 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required. Electronic submission of the paper (MS Word or PDF) is required. The letter of recommendation should be sent directly by the recommender as an email attachment (MS Word or PDF). Please send all materials to Richard Carpiano at [richard.carpiano@ubc.ca](mailto:richard.carpiano@ubc.ca) with the subject line: 2017 Simmons Award Nomination. Deadline for receipt of all submission materials is April 1, 2017.

### 2017 Louise Johnson Scholar

The Medical Sociology Section will select a student member of the section to be the 2017 Louise Johnson Scholar. The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mount Sinai School of Medicine, a former colleague of Louise Johnson. The Scholar will receive travel funds up to \$500 to present at the annual ASA meetings in Chicago and attend section events. Selection will be based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. To apply, please send: 1) a copy of your acceptance notification to present at the 2017 ASA meetings, 2) a copy of your paper, 3) your CV, and 4) a letter of recommendation from a professor who can write about your academic merit. Submissions should be sent via email, as Word documents or PDFs, to Tony Brown at [tnbrown@rice.edu](mailto:tnbrown@rice.edu) with the subject line: 2017 Louise Johnson Scholar Nomination. Applications are due by April 1, 2017.

### 2017 Howard B. Kaplan Memorial Award in Medical Sociology

This award is established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self concept and health, or deviance, by providing funds up to the amount of \$500 to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA). The award recipient will be invited to attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. To be considered for the 2017 award, the candidate should submit a CV and letter of nomination to Tony Brown at [tnbrown@rice.edu](mailto:tnbrown@rice.edu) with the subject line: 2017 Kaplan Award Nomination. Deadline for receipt of all submission materials is April 1, 2017.

### 2017 Donald W. Light Award for Applied Medical Sociology

The Donald W. Light Award for the Applied or Public Practice of Medical Sociology is given in alternate years to a book or journal article published in the preceding two years that employs the concepts and methods of medical sociology to an applied issue or problem of significance. The 2017 Light Award will be given to an article published in either 2015 or 2016. Nominations will be eligible for three years. The Light Award recognizes sociologists whose professional work or advocacy contributes to politically or ethically important challenges in health, health care, or health care policy at the national or international level. The award recipient will be invited to attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. To be considered for the 2017 award, the candidate should submit a letter of nomination to Kristin Barker at [kbarker@unm.edu](mailto:kbarker@unm.edu) with the subject line: 2017 Donald W. Light Award. Deadline for receipt of all submission materials is April 1, 2017.

**PLEASE NOTE THAT ALL NOMINEES MUST BE REGISTERED MEMBERS OF THE ASA TO BE CONSIDERED FOR SECTION AWARDS**



## Teaching

Laura Senier    lsenier@neu.edu

### Using Graphic Novels and Memoirs in the Medical Sociology Classroom

Last summer, as I was prepping my fall class (an upper-level undergraduate course on the sociology of health and illness), I came across an exciting series of graphic memoirs about health and the healthcare system. To learn more about the series, visit <http://www.graphicmedicine.org>. Thus far, they've published about a half dozen volumes, covering topics from a day in the life of a primary care provider (*The Bad Doctor*, by Ian Williams) to elder care (*Things to Do in a Retirement Home Trailer Park When You're 29 and Unemployed*, by Aneurin Wright). For my fall class, I selected a book called *My Degeneration*, by Peter Dunlop-Shohl. It's a first-person account from a person who is diagnosed with Parkinson's disease in his 40s, and I thought it would fit pretty well into the unit on illness experience.

I'm not gonna lie to you—this took me WAY out of my comfort zone. I can't draw a straight line with a ruler, so I didn't feel competent to engage students in a critique of this book on its artistic merits. And although I could easily see that the book engages some core medical sociology theories (e.g., biographical disruption, narrative reconstruction), I was a little unsure about how to approach teaching those topics with a primary source, let alone one in this format.

I spent some time scouting around on the web to find instructional support, and came away with very little. There has been discussion in the medical humanities literature about how to use comics and graphic novels in the medical school curriculum (e.g., to teach medical students observational and interpretive skills that might help them take a better family history). I also found some resources to help analyze the visual tropes of graphic memoirs, like this article, about a graphic novel of an autistic child and his parents, which gives some tips about how to talk with students about the different ways artists use color and form to represent the first-person perspective of a non-neurotypical patient (<http://bioethics.northwestern.edu/docs/atrium/atrium-issue10.pdf>). I found surprisingly few resources, however, on how to integrate them into a medical sociology class.

Here's what I took away from this experience. I scheduled discussion of this book to fall at the end of the unit on illness experience, so that students would already have been introduced to some key concepts and theories, such as biographical disruption, narrative reconstruction, stigma, diagnostic framing, etc. I also found that students were initially overwhelmed by the sadness of the author's story, and I needed to devote a substantial chunk of the first day's discussion just giving them space to process the raw experience of receiving a diagnosis of chronic illness. In this phase, I was reassured that there were a number of students in the class who were excited to talk about the artistic representation of illness, and they shouldered some of the responsibility for that part of the discussion for me. The second day, we talked about plot structures, and how a patient narrative (especially one of a patient with chronic illness) upends the way we usually analyze works of fiction. We compared Peter's story to some other classic literary works, and students could see that illness narratives rarely end on a note of "Reader, I married him." This led to a great discussion about the cyclical and chaotic nature of living with chronic illness, and how Peter's story is more akin to a quest narrative, such as the *Odyssey*. I invited students to identify a subplot from within the story and analyze it in light of a medical sociology concept. For example, there are several points in his book where he talks about how helpful patient support groups were to him. In class discussion, my students connected that with some readings we had done earlier on health social movements, and how support groups can fulfill multiple functions, ranging from providing compassion and pragmatic advice to giving patients and their families an outlet for advocacy. Over the course of his story, support groups meet several of these needs for Peter, and reading about it from his perspective helped my students understand that the overlapping functions of health social movements.

In addition to the books in the Penn State series, there are by now many other similar graphic memoirs. The editors of the Graphic Medicine series have a website and blog that reviews new releases (<http://www.graphicmedicine.org/comic-type/graphic-novels/>). There are a slew of titles that would fit very well into a class on sociology of mental health, as well as titles on aging, end of life care, and a variety of women's health issues.

If any of you experiment with these, please let me know. I think it would be great to collaborate on an article for *Teaching Sociology* on this topic, especially since there seems to be so little attention to using them in the medical sociology classroom thus far. I also think the use of these in the medical school curriculum might be a fruitful topic for our burgeoning sociology of medical education interest group!

Don't forget to check us out on:

Facebook: **MedicalSociologyASA**

Twitter: **@MedicalSocASA**



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

## Career & Employment

Miranda Waggoner [mwaggoner@fsu.edu](mailto:mwaggoner@fsu.edu)



Obtaining grants for our work is obviously beneficial to pursuing and completing research projects, but successful grant writing is also a key way to establish a national career profile. Before the current issue, little space has been dedicated to this topic within our newsletter pages. A notable exception is found in the Spring 2008 issue, in which previous career & employment chair Sara Shostak outlined a list of foundations and government agencies that fund health-related research. Previous career & employment chairs Carol Caronna and Deborah Glik also listed several search ideas for grant and fellowship opportunities in the Spring 2006 issue. These columns remain great resources for our section members. Here, I would like to revisit a few outlets mentioned in these past columns.

For government-funded grants, including those housed at the NIH, NSF, and CDC, the central site for locating potential opportunities is <http://www.grants.gov>. Given the uncertain funding level of these agencies and the current political climate, private foundations are another great place to look for funding. Unfortunately, the Foundation Center (see <http://foundationcenter.org/find-funding>) estimates that 90% of U.S. foundations do not have websites. This statistic is somewhat stunning, and it brings attention to the need to adopt a wide lens when searching for grant opportunities. Grantmakers in Health is an organization that profiles many foundation and corporate funding programs. It is a site worth browsing for submission outlet ideas: <http://www.gih.org>. I also want to highlight the Robert Wood Johnson Foundation, which currently has four focal areas for funding support, each related to health equity and the pursuit of a healthier United States: health systems; healthy kids, healthy weight; healthy communities; and, health leadership (see <http://www.rwjf.org/>). Happy holidays – and happy grant writing – to all section members!

## Student Views

Kellie Owens [kowens@u.northwestern.edu](mailto:kowens@u.northwestern.edu)



In my first column, I stressed the importance of public engagement as early-career medical sociologists. Today, public engagement seems even more crucial as a new presidential administration is forming. We can expect many changes to health care structuring in the United States in the coming years. Medical sociologists should have a voice as this restructuring unfolds. Graduate students can reach public audiences in a range of ways, including writing opinion pieces for news media, blogging, and promoting our research in press releases. I have found my university's media relations office incredibly helpful in providing training on engaging with different media outlets, and this may be a good place to start. One of my favorite publications for medical coverage is the relatively new website, *STAT*, launched in 2015. Their "First Opinion" section welcomes submissions from experts on a range of health, medical, and scientific topics.

Our role as teachers is increasingly important, too. One thing I've learned during our latest election is how isolated academia can be. While our research may not always reach the widest audiences, our teaching may reach students from many backgrounds and with many political affiliations. How can we build an environment that bridges the divides our country faces, rather than exacerbates them? I'm still figuring this out, but I do know that my students can teach me just as much as I can teach them on this issue. I imagine that many of us are looking for ways to make our voices heard this coming January and beyond. If you've started a blog, found a great media outlet, or have other suggestions about how to engage the public as graduate students, please contact me at [kowens@u.northwestern.edu](mailto:kowens@u.northwestern.edu). I look forward to incorporating your thoughts and experiences throughout the year.

## Health Policy

Thomas Mackie [tmackie@ifh.rutgers.edu](mailto:tmackie@ifh.rutgers.edu)



In light of congressional and presidential election results, it seems more important than ever that we consider opportunities for investigating the impact of the Patient Protection and Affordable Care Act, the largest U.S. health insurance expansion since passage of Medicare and Medicaid in 1965. I will draw particular attention in this newsletter to the Medical Expenditure Panel Survey (MEPS; <https://meps.ahrq.gov/mepsweb/>), hosted by the Agency for Healthcare Research and Quality (AHRQ). MEPS provides nationally representative data on the use and cost of healthcare and health insurance coverage. With the 2014 data released and 2015 data to be released by March of this year, considerable opportunities exist for studies to investigate numerous aspects of the ACA implementation.

The MEPS dataset has two major components: (1) the household component and (2) the insurance component. The **household component (MEPS-HC)** arrive from a survey of individual household members and their medical providers. This survey collects data on household members, including their socio-demographic characteristics, health conditions and status, health insurance coverage, use of medical care services, charges and payments, access to care, and healthcare satisfaction. Notably, data from medical providers are intended not for national estimates, but for editing and imputation of the household member data. The **insurance component (MEPS-IC)** arrives from a survey of private and public sector employers to collect health insurance information, including the number and types of private health insurance plans offered, associated health plan benefits, annual premiums, annual employer and employee contributions, eligibility requirements, and employer characteristics. Both MEPS-HC and MEPS-IC data are available online in an extensive series of tables or an interactive query tool, MEPSnet, which provides national and state-level statistics and trends. MEPS-HC data are also publicly available as a limited release dataset. Investigators can access MEPS data files restricted for reasons of confidentiality through an application process.

## Guest Column: Medical Sociologists Engage with NIH Officials

### Medical Sociologists Engage with NIH Officials on Scientific Areas of research

#### Purpose of the Meeting

During the 2016 ASA Annual meeting, members of the Medical Sociology Section and NIH Officials met to discuss Funding Opportunities at the National Institutes of Health and discuss opportunities for sociologists who do health research. The meeting was chaired by Deb Umberson (University of Texas, Austin) and Kristin Barker (University of New Mexico). Boston College graciously provided refreshments and appetizers for the reception. Over fifty people were in attendance.

The purpose of the meeting was to engage the research community and program officers/directors at the National Institutes of Health (NIH). Topics discussed included: how sociologists identify areas for further research at the NIH; processes and strategies for submitting grants to the NIH; and the importance of having sociologists be involved in review process. Attendees included Chloe Bird (RAND) Linda Burton (Duke), and Bridget Goosby (Nebraska) who shared their ideas and leadership.

The intention was for everyone in the room to share their thoughts on ways to further collaborations and to learn from each other how sociologists can be more engaged at NIH. The meeting was a thoughtful and productive - covering topics around training, and the value of sociology and sociological research in advancing research at the NIH. Many of the NIH staff present have a background in medical sociology and expressed their willingness to discuss ideas for sociological applications to their respective institutes.

#### What Sociologists have to Offer

Sociology is a valuable scientific discipline that can enrich the perspectives at the NIH.

However, as traditions and norms and customs have formed in the discipline, most sociologists do not consider the NIH to be a place that would be 'interested' in their research. The skills of sociologists, which include methodology and a focus on the complicated and important role of social context and relationships, are vital for a vibrant health research agenda. As highlighted by a recent article in WIRED magazine, there is a need to do more with data standardization and taking advantage of the new technologies to get a better insight into how and why people behave (<https://www.wired.com/2016/11/social-science-busted-nih-plan-fix/>).

Over the years, as NIH submissions have grown, so have the range of review panels (also known as study sections), which also review submissions from sociologists. Currently there are as many as two dozen study sections, which received sociological applications. However, many of these standing study sections lack sociologists. Sociologists can provide critical insights in the review process regarding many areas of research. A number of sociologists who frequently participated in study sections have retired and some study sections do not have the sociological voice in their deliberations. The familiar demographic shifts in the field are impacting our representation on study sections and will require more of us to serve.

The situation presents an opportunity for many sociologists to volunteer to serve on a study section on an occasional or regular basis. The review process provides a unique opportunity to learn the ways in which researchers present and package their ideas and the experience can provide invaluable lessons in best practices as well as insight into pitfalls to avoid. Researchers in many fields consider participation in the review process a critical part of their ongoing professional development and an efficient means to improve their own grant

writing skills. Other recommendations at the meeting included a suggestion that sociologists initiate discussions with the administration at their institution to assure that participation in study sections is valued during the review and promotion process.

Finally, the discussion at the meeting emphasized opportunities to increase communication with NIH staff including contacting staff listed on specific calls for proposals to obtain feedback on research proposals. For example, NIH staff are often willing to read and discuss a one page specific aims statement if they are contacted several months before the submission deadline. This early contact can provide input that can improve a proposal.

Overall, the meeting provided insights into ways to increase sociologists' involvement in the NIH review process, and the opportunities to get feedback on our ideas for research proposals. We welcome the possibilities that this creates for sociologists at all career stages to contribute to health-related science.



## Interview with a Scholar: Chloe Bird

By Kellie Owens

In our newsletter focused on grant writing, I am excited to share my interview with Dr. Chloe Bird. Dr. Bird is a senior social scientist at the RAND corporation, a professor at the Pardee RAND Graduate School, and Editor-in-Chief of the journal *Women's Health Issues*. She has extensive experience with external funding sources like the National Institutes of Health. In this interview, she shares her advice for grant-writing and thoughts on the future of medical sociology.

### *1. How should early-career scholars approach applying for larger grants from organizations like the National Institutes of Health?*

Do your homework. It is easiest if you are responding to a call for proposals that lays out some aspects of what they are looking for. Read the call very closely, draft a one page specific aims statement that accurately conveys your research question, specific aims, proposed data (or data collection) and methods. The specific aims is a one page document that has to sell your proposal ideas very well. Most of the time, you have to have won over the reviewers by the end of the specific aims. Go back to the aims and see whether your idea matches well with what was called for and whether there are ways to tweak it so as to be more responsive. Someone spent a lot of time developing the call and they have some things in mind that they are hoping to receive in terms of applications and what they would address. Reach out to the NIH contacts listed in the call. Ask if they will read your 1 page specific aims. If you contact them 3-4 months before a submission deadline, many are willing to read an aims page and let you know if their institute is the place to submit it.

### *2. What are the key pieces of a successful grant proposal?*

You need a concise and compelling review of relevant background material that conveys the nature of the problem your proposed research will address, identifies gaps in the literature, and points to an opportunity to address those gaps. You need to make the case that your proposed work is innovative, will address important questions, and that the results will impact future research and possibly practice as well.

The research questions and methods for answering them need to be very clear and rigorous. Rigor and reproducibility are part of the new scoring guidance to reviewers at NIH. You also need to address how you will examine Sex as a Biological Variable (SABV). This does not mean that social science research has to have biological measures of sex or sex differences though that can help. It does mean that you need to be clear on what the expected mix of subjects is in terms of sex and why that is appropriate to the research question, and the extent to which you will assess whether and how the results apply to or differ for women versus men (or females versus males if you are focused on children or adolescents).

Keep in mind that you have very little space in which to explain your work clearly. Use each piece of the proposal well to address the intended audience. Do not simply make an abstract that is simply a shortened version of your aims page.

### *3. Your work bridges sociology, policy, and clinical medicine. What advice do you have for medical sociologists looking to reach broader audiences in their scholarship and advocacy?*

To reach another audience, you have to speak to their listening. This means knowing their perspective and relevant literature and articulating how your work fits in with their questions. Whether you want to reach another discipline or stakeholders outside academia, you need to understand their priorities and the metrics they use to assess impact. For example, if I want to write to clinicians, I sometimes explain the effect size in my work relative to that of a statin on the same cardiovascular outcome. Health plan leaders may be very well attuned to population data and want to know more about how it relates to the specific populations they serve. It takes some thought to figure out how to explain the most relevant parts of my work to them without requiring them to know a great deal about the theory or methods I use. This is one reason I use mapping to show results to policy audiences. It doesn't require an understanding of coefficients. I can use the maps to show significant differences and it is easy to explain how to read them and how to compare other relationships they may be interested in (such as variations in quality of care by language spoken at home or by SES).

### *4. What medical sociology research do you find particularly exciting right now?*

I find most medical sociology research exciting but particularly work that is interdisciplinary. This includes work that looks at how stress gets under the skin to impact morbidity and mortality as well as work that assesses the impact of social or neighborhood contexts on health. But there is so much more interesting sociological research on the role and impact of organizations, institutions, work environments, and even peer groups.

# Get Connected

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### Website Story

Over the past couple of years, we've been reporting fewer and fewer traffic to our section website. We attributed this to the transition to a new web portal that was underway. It would be expected that with people being familiar with the new site, the situation will change and that we will see more frequent visits. Sure enough, the site traffic during this last season (between the beginning of September and the end of November), in terms of number of visits has grown by more than 70%. The number of individuals who came to our site also increased by 62%. The graph below breaks down the individuals by whether they are returning visitors or new visitors. The demographic report shows that young adults (presumably students), females have been the most frequent visitors. The top five countries that contribute to our website traffic are the United States, United Kingdom, Russia, Italy and Germany - in that order.

### Social Media Story

Our [Facebook page](#) remains our most popular social media outlet and is currently at 1,625 "likes" or followers; a growth of around 300 people in 2016. Our "reach" to page follows tends to vary widely from less than 10 to over 500 readers. The balance between the narrow gender categories of Facebook insights has held steady with women (49%) as the slight majority, followed by men (48%) and another gender (3%). Most followers continued to be between ages 25-34 (41%) and reside in the US (37%) followed by India, Pakistan and Egypt.

Our [Twitter](#) currently has 842 followers (a gain of 111 for all of 2016) and we average 5 tweets per week, depending on the number of announcements and responses to other accounts tweeting us.

Our [LinkedIn](#) group stayed steady in our membership since last quarter and currently at 406 members, a gain of 40 members in 2016. This is a private group for Med Soc section members to network created in 2012.

Please contact Natalie (natalie.ingraham@ucsf.edu) if you have anything you'd like to post on our social media accounts!

■ New Visitor ■ Returning Visitor

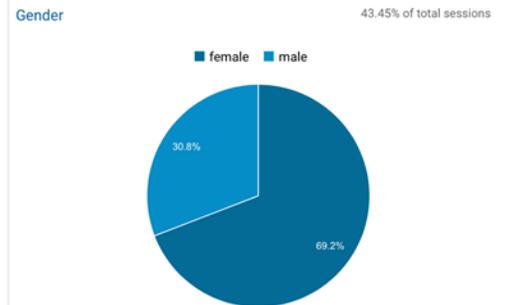
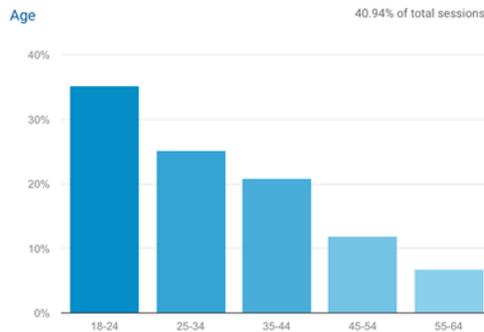
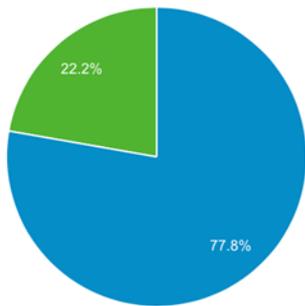


Figure 2 Demographic Characteristics of Visitors

Figure 1 Website Visit by the type of visitors (n = 542) between September 1 and November 30, 2016



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