

MEDICAL SOCIOLOGY NEWSLETTER

SUMMER 2014

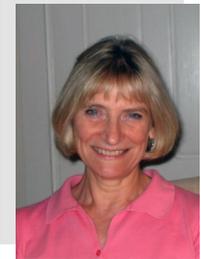
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REMINDERS

- MSN Fall deadline TBD by new editors!
- 2014 ASA Annual Meeting August 16th–19th, San Francisco
- 2015 ASA Annual Meeting August 22-25, Chicago

NOTES FROM THE CHAIR LATE BREAKING NEWS ABOUT THE ANNUAL MEETING! BY SUSAN E. BELL



The 2014 Annual Meeting of the ASA in San Francisco, August 16-19, is fast approaching. If you haven't already registered for the Annual Meeting you still have time to do so and still take advantage of the preregistration discount:

http://www.asanet.org/am2014/expense_estimate.cfm

The Medical Sociology Section is responsible for **6 sessions** (one session co-sponsored with the Mental Health Section) on August 17 and August 18. Thanks to everyone who submitted papers and to the Medical Sociology Section session organizers, Elizabeth Mitchell Armstrong, Charles Bosk, Donald Light, Janet Shim, and Heather Turner, for putting together a rich and lively program. In addition, Matthew Archibald and Katherine King have organized twenty-two **roundtables** on August 17th and Molly Martin has organized **two regular Medical Sociology** sessions on August 16th. Student Council members Chioun Lee and Mieke McBride are putting together a **lunch for graduate students** with Professors Ross and Mirowsky, who have

generously agreed to provide advice about health research and professional development.

Please mark your calendars for our **joint reception** with the Mental Health Section on Saturday, August 16th. Continuing a long-standing tradition the reception is being co-sponsored by Wiley-Blackwell (publishers of *Sociology of Health & Illness*) and the Robert Wood Johnson Foundation's New Directions Program. The following day, Sunday, August 17th, Catherine Ross and John Mirowsky will be honored for their distinguished contributions to Medical Sociology and will deliver the Leo G. Reeder Address, "Education, Health, and the Default American Lifestyle" at our **Business Meeting and Section Awards Ceremony**. At the Sunday morning Awards ceremony we'll also be honoring the winners of the Eliot Freidson Outstanding Publication Award, Roberta G. Simmons Outstanding Dissertation Award, Louise Johnson Memorial Scholar, and the Howard B. Kaplan Memorial Award in Medical Sociology.

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NOTES FROM THE CHAIR: LATE BREAKING NEWS ABOUT THE ANNUAL MEETING! BY SUSAN E. BELL

(Continued from page 1)

Two other events at the ASA San Francisco meeting are of special note for Section members: The Section is one of the sponsors of a **Sneak Preview** and Panel Discussion of the California Newsreel documentary series “The Raising of America: Early Childhood and the Future of Our Nation” with producers Larry Adelman and Rachel Poulain on Monday August 16. **Harry Perlstadt**, Professor Emeritus of Sociology at Michigan State University, has been awarded the 2014 Distinguished Career for the Practice of Sociology and will be honored at the ASA. The award to Perlstadt is the second year in a row a medical sociologist has been honored for a Distinguished Career, and is an indication of the strength and importance of medical sociology to the discipline as a whole.

If you have time in your busy schedules to explore San Francisco, the ASA is sponsoring regional tours and spotlight sessions http://www.asanet.org/am2014/2014_regional_spotlight.cfm

I would like to acknowledge several transitions in the Section. First, I'd like to thank Mark Sherry, who will be leaving the post of Webmaster at the close of our 2014 Business Meeting, after three years of stalwart service. Simon Geletta will be moving to Webmaster from Associate Webmaster, a job he has performed admirably. Volunteers Natalie Ingraham and John

Girdwood will share the position of Associate Webmaster. The Section has grown more and more dependent on the Web and social media, and thus we are in debt to all of four of these Section members. Second, kudos to Susan Stockdale, who is stepping down after organizing the Section's Raffle for three years. I am grateful for all the work she has done to raise money and simultaneously to circulate our books among our members. Danielle Bassett will step into the Raffle Chair position for the next three years. Thank you Danielle.

Finally, picking up on my Spring 2014 “Notes from the Chair” and looking globally at the International Sociological Association, **Research Committee 15 (Sociology of Health)**, I'm happy to report that Ivy Bourgeault and Jonathan Gabe have organized 26 sessions with papers delivered by a global network of scholars – including several Medical Sociology Section members – at the ISA World Congress of Sociology in Yokohama, Japan, next month (13-19 July). <https://isaconf.confex.com/isaconf/wc2014/webprogram/Symposium237.html>

We have a very large Section, more than 1000 members, and I hope to see many of you in San Francisco!

All the best for a productive and restorative summer,
Susan E. Bell

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

RESULTS OF 2014 MEDICAL SOCIOLOGY SECTION ELECTIONS !

Congratulations to our incoming section officers and Council members! The Nominations Committee extends a sincere thank you to all section members who agreed to run for office.

Remember, it's not too early to think about running for next year!

Thank you to our committee: Rene Almeling (Chair), Sara Shostak (Chair-elect), Miranda Waggoner, Joanna Kempner, and Meredith Bergey

Chair-Elect:

Kristin Barker, University of New Mexico

Secretary/Treasurer-Elect:

Janet Shim, UCSF

Membership Committee Chair:

Laura Mamo, San Francisco State University

Health Policy & Research Committee Chair:

Sigrun Olafsdottir, Boston University

Nominations Committee Chair-Elect:

Rachel Best, University of Michigan

Nominations Committee :

Sarah Burgard, University of Michigan

Catherine Bliss, UCSF

Nominations Committee, Student Member

Jane VanHeuvelen, Indiana University

Student Representative:

Tania Jenkins, Brown University

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

Thanks are due to **Jessica Seberger** at the University of Georgia 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 2014-2015. 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 Sarah Burgard, Editor, at burgards@umich.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?

HEALTH POLICY BY JENNIE JACOBS KRONENFELD**Health Care Costs and Health Insurance Costs**

One of the current issues, related partially to the Affordable Care Act (ACA) and its implementation, but also an ongoing policy issue within the US health care system, is the issue of rising costs, both costs for health care and costs for health insurance. What is the current cost picture? It is mixed in some ways, and, in this column, I hope to make medical sociologists aware of some of the conflicting trends. Over the next year, these are important issues to watch in the health policy area.

One of the goals of the ACA, as indicated by its title, was to make health care more affordable. There are some trends in terms of costs that make us more optimistic about rising costs. Starting with the more recent recession years, there has been a slowed rate of growth in health care costs and a hope that the ACA would continue that trend. The ACA gave incentives to hospitals to become more efficient and limit patient readmissions. Some insurance companies increasingly have shifted costs to patients through high-deductible plans and other measures, prompting Americans to limit visits to doctors and hospitals, but also perhaps keeping some costs in check, a mixed trend.

Some of the counter trends to the slowed rate of growth are that the economy itself is improving (as indicated by some addition of new jobs and some decline in the unemployment rate) and more people will also have health insurance coverage due to the implementation of the ACA. Both of these are positive things for the overall society, but they are also the kinds of factors that have pushed up health care costs in the US in the past decades. Some of the long-term upward pressures on health care costs include the growth of expensive high-tech treatments. The Centers

for Medicare & Medicaid Services expects health spending to rise 6.1% this year, up from about 4% in 2013, as an estimated 11 million Americans gain health insurance.

Even though annual medical inflation had drifted down since the recession, some experts argue that the decline was partly due to the expiration of a large number of drug patents in 2011 and 2012, causing expensive branded drugs to be replaced by cheaper generics. Thus, these experts argue these trends may not continue. A negative factor is that health care spending rose at the fastest pace in 10 years in the first quarter of 2014. Expenses for health care rose at a 5.6% annual rate in the fourth quarter of 2013. That jump alone triggered a sharp upward revision in the government's estimate of consumer spending overall and accounted for nearly a quarter of the economy's 2.6% annualized growth in the last three months of 2013. Much of the explanation for that increase was an \$8 billion rise in hospital revenue.

Related to this have been reports about rising incomes of some medical specialties, such as rises in the incomes of dermatologists, gastroenterologists and oncologists by 50 percent between 1995 and 2012, after adjusting for inflation (Rosenthal, 2014). In the US, specialists earn an average of 2 to 4 times as much as primary care physicians, a larger differential than in other developed countries. Higher health care prices in the United States are a key reason that the nation's health spending is so much higher than that of other countries (Laugesen and Gilead, 2011). Some of the most interesting examples relate to some new dermatology procedures such as Mohs surgery, which involves slicing a skin cancer off in layers under local anesthesia, with pathology performed after each stage

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HEALTH POLICY BY JENNIE JACOBS KRONENFELD

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to be sure that all the growth has been removed. Use of this new approach is up over 400 percent in the last decade. Medicare has begun to list this near the top of its list of potentially overvalued, overused or overpriced procedures (Rosenthal, 2014).

The last conflicting piece of evidence about rising costs is related to health insurance itself. There are concerns that these costs will rise in 2015, and that the first year of implementation of the ACA and some of those health insurance costs that were lower than some consumers had feared will not last in future years. While the ACA 2014 open enrollment period for the individual health insurance market has only recently ended, actuaries for health insurers already are developing premium rates for the 2015 plan year. Much of the uncertainty about health spending by plan enrollees that was a concern for the development of 2014 rates remains for 2015. Although insurers have information on enrollee demographics, only limited information will be available on enrollee health status and health spending when premium submissions are due (Uccello, 2014).

These are all trends to watch for in the coming year, since answers about health care costs as linked to

health policy issues in the US are often confusing and different sources report somewhat different trends.

This is the last policy column I will write, as my term is ending. I hope that these columns have been useful to the medical sociology community, and will look forward to future columns by the new chair of Health Policy for the medical sociology section.

References

- Laugesen, Miriam and Glied, Sherry A. Higher Fees Paid to US Physicians Drive Higher Spending for Physician Services Compared to other Countries. *Health Affairs*. September 2011 vol. 30 no. 9 1647-65.
- Rosenthal, Elizabeth. Patients' Costs Skyrocket; Specialists' Incomes Soar. *New York Times*. January 18. 2014
- Uccello, Cori. How Will 2015 Health Insurance Premiums Compare to 2014? *Health Affairs Blog*. May 13, 2014. <http://healthaffairs.org/blog/2014/05/13/how-will-2015-health-insurance-premiums-compare-to-2014/>

Post Notices on the ASA Medical Sociology Section List

<MEDSOC@LISTSERV.NEU.EDU>

Visit our new website at <http://www2.asanet.org/medicalsociology/>

***The time has come, once again, to consider donating a book to the
ASA Medical Sociology Section's Annual Book Raffle!***

The time has come, once again, to consider donating a book to the ASA Medical Sociology Section's Annual 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.

If you have any questions about potential donations, please contact me at susan.stockdale@va.gov.

Please send books by **August 10, 2014** so that I can transport them to the ASA meeting. Thank you for your generous support!

Please send your donated copies to:

Susan E. Stockdale, Raffle Chair, HSR&D Center of Excellence, VA Greater Los Angeles Healthcare System (152),
16111 Plummer Street, Building 25, Room A-103, Sepulveda, CA 91343

Papers are being sought for volume 33 of Research in The Sociology of Health Care published by Emerald Press.

The major theme for this volume is:

EDUCATION, SOCIAL FACTORS AND HEALTH BELIEFS IN HEALTH AND HEALTH CARE

Papers dealing with macro-level system issues and micro-level issues involving education, social factors and health beliefs linked to health and health care are sought. This includes examination of health and health care issues of patients or of providers of care especially those related to education, social factors including family, income, government, or neighborhoods or social networks or health beliefs and attitudes. Papers that focus on linkages to policy, population concerns and either patients or providers of care as ways to meet health care needs of people both in the US and in other countries are solicited.

The volume will contain 10 to 14 papers, generally between 20 and 40 pages in length. Send completed manuscripts or close to completed papers for review by **February 10th, 2015**. For an initial indication of interest in outlines or abstracts, please contact the same address no later than **January 9th, 2015**. Earlier inquiries are welcome.

Send to: Jennie Jacobs Kronenfeld, Sociology Program, Sanford School of Social and Family Dynamics, Box 873701, Arizona State University, Tempe, AZ 85287-3701 (phone 480 965-8053; E-mail, Jennie.Kronenfeld@asu.edu).

Initial inquiries by email are encouraged and can occur as soon as this announcement is available.

TEACHING TIPS**BY JENNIFER REICH****Reimagining Assignments**

Instructors often struggle to develop assignments that both allow students to explore a concept in ways that make it relevant to their lives and to demonstrate their mastery of course material. These goals must be balanced against pragmatic issues like making the grading of assignments manageable. Drawing on feedback from many clever colleagues, here I describe some possible assignments to consider in future courses.

Media Analysis

Students can choose a film, book, advertisement, magazine story, or other form of mass mediated culture to analyze the representations of health or illness occurring within it. How are race, gender, religion, sexuality, or other axes of identity portrayed? This is also an opportunity to compare representations to realities of the disease, prevalence, and other patterns in terms of who is affected most often. For example, who is portrayed in a pharmaceutical ad, compared to which groups and people are most likely to suffer from this illness? How do the proportion of ads compare to the seriousness of illness?

Interviews

Students often find that interviewing a person with a chronic or acute health challenge allows them to connect social theory to the lived experience of illness. I usually specify that students should interview an adult (over the age of 18) about some aspect of their health, illness, or experience with healthcare. They are required to develop open-ended questions before they conduct the interview; I usually review those questions to make sure they are appropriate and likely to yield useful information. This assignment requires instructors to encourage students to move beyond describing the experience to analyzing the social

dynamics the interviewee has faced, including how the person's age, historical era, race, ethnicity, social class, region of residence, sexuality, or other axes of identity affected their experience and shaped the meanings of health and illness in their life.

Oral histories

At times, there may be reasons to organize students into teams and send them out into the community to capture the stories of leaders outside and around the university. For example, capturing the stories of AIDS advocacy organizations, public health clinics, or harm reduction workers can be a good way to partner with community groups, preserve information, and allow students to collaborate and compare findings. Extra time may be needed to organize this activity in collaboration with community groups but, once built, such relationships may be sustainable over many academic terms.

Digital Storytelling

Students often come to class with great comfort using still images, videos, or sound. Thus, it is worth considering ways to design assignments that allow them to use these strengths. Students can create a digital story that explores a core course concept. Digital storytelling pieces are usually 2-4 minutes in length and include 10-15 images or short film clips. The Center for Digital Storytelling provides a brief overview of the components that make digital stories complete and compelling: https://www.youtube.com/watch?v=NipDAd3_7Do. You can also consider whether students should present their stories, lead a discussion after them, or write a companion essay or annotated reference list. (Heather Talley shared that this has been very successful in her classes, and helps make grading in larger classes manageable.)

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TEACHING TIPS**BY JENNIFER REICH***(Continued from page 7)***Sociology in Poetry**

Students can show their mastery of sociological concepts in novel ways, such as writing haiku or limericks about course material. You may choose to make clear that students will be evaluated on their comprehension of concepts, not on their construction of verse. Here are a few examples, compliments of Laura Carpenter and students from her medical sociology courses.

As a reminder, a haiku consists of seventeen syllables in three lines—5, 7 and 5 respectively—and generally juxtaposes two ideas.

*Taking the sick role
Can be impacted by wealth.
Money buys access.*

*When the sick play sick
Their role is not deviant.
We give them a pass.*

A limerick is a five-line verse with the rhyme scheme AABBA (the first two lines rhyme with the fifth line and the third rhymes with the fourth); the third and fourth lines are usually shorter. For example:

*Sally would always complain
That stress put her health down the drain.
The doctors said no
And medicalized her so
When really the social model could explain.*

*Immigrants come from afar to get wealthier—
Compared to Americans they are much healthier.
This results from cultural buffering,
Which promotes good diet and less suffering,
But for African families, the effect is stealthier.*

Assign by Design

Since our shared goals are to find ways for students to demonstrate their comprehension of course material and their ability to apply it to new settings, it is worth imagining new the ways assignments can be reconfigured to draw on students' strengths, help them connect to others, or grapple with new forms of communicating complex ideas. You will need to think through how you plan to evaluate these assignments and make those criteria clear to students before the assignment is complete. Yet, many of these assignments will be quicker to grade and hopefully more entertaining than traditional papers for you and your students alike.

**CAREER & EMPLOYMENT
BY PATRICIA
RIEKER****Job Candidates and Search Committees**

In my first column in the fall of 2013, I talked about the greatly improved academic job market for new sociology PhD's in 2012-13. I also talked about the mismatch between the most advertised specialties for jobs and graduate students' interests which resulted in fewer job seekers in the higher ranked areas of specialization. For one example, globalization and global issues ranked fifth in job listings and 15th among graduate students. As one way to address this mismatch, Sociology Ph.D. students were encouraged to make their studies relevant to multiple specialty areas. Acknowledging that obtaining a university position is still a challenge for a variety of reasons one other word of advice offered by the

CAREER & EMPLOYMENT**BY PATRICIA RIEKER**

authors of the ASA report was to “extend time in graduate school”.¹

This advice is particularly salient and worth thinking about since it is that time of year again when ABD's, new PhD's, and already employed PhD's will go on the job market. These cohorts will apply to jobs posted on the ASA job bank and hope to be interviewed at the ASA meeting in San Francisco and beyond. It's an exciting and stressful process marked by uncertainty and constant comparisons (thanks in part to the Sociology Job Market Forum and the Memoirs of a SLACer blog) of how each candidate's vita and experience might stack up with potential competitors.

Even after serving on many search committees, each of which tried to establish objective criteria and to be systematic in assessing job candidates accordingly, it still remains somewhat mysterious exactly how the decisions are made, as the process isn't always a completely transparent one. The 'subjectivity of objectivity' would seem the best way to describe the process so it is easy to understand why rumors, guesstimates, and hearsay permeate communication at this time of year. In case you missed the notice there is a new user friendly recruitment site for CDC. <http://jobs.cdc.gov/>.

Postpone Graduating? or “I can't go on, I'll go on”²

It has also come to my attention recently that some of my colleagues are advising their ABD's to delay graduating in the hopes that another year as a pre-doctoral student will give them time to publish articles or secure a book contract based on the nearly finished (and perhaps completed) dissertation. In fact a PhD student in our department, who was on schedule to graduate later this year, was meeting with a renowned scholar who was appointed the head of an exciting new center devoted to the area of her interests, and she wanted to be affiliated with it in some way. Intending to be helpful, the profes-

sor advised her to postpone graduating to remain a pre-doctoral student and indicated that it was in her best interest to do so as search committee members might think she couldn't get a job because there would be a delay between graduating and seeking employment the following year. To follow-up on the suggestion, she was offered an affiliation as a pre-doc. This particular student was applying for post-docs in the hope that it would give her a year to publish from her completed dissertation before entering the job market. I had numerous discussions with her about what to do as the advice was not without merit. For several reasons both practical and psychological, she decided to graduate on her target date and fortunately will still be affiliated with the new center as a post doc.

Since then I have talked with various other colleagues about the merits or drawbacks of such advice and decisions. I also began to wonder about two issues: how widespread is this practice? And how one might calculate the potential risks and benefits of such a strategy? I could find little about it in the published literature. Parenthetically, I should say that when I and my cohort graduated in the 1970's we couldn't wait to graduate and go on the job market. But that was a different era.

I am also hoping that others (both graduate students and colleagues) might weigh in on this dialogue that I will initiate with some ways to think about what factors to take account when facing this dilemma. A few practical categories come to mind:

The Context: What is the job market like?

- What is the job-track record of the department?
- Are publications the sine qua non of hiring?
- Are there available pre and post doc opportunities?

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CAREER & EMPLOYMENT BY PATRICIA RIEKER

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Circumstance of Professor or Advisor's life:

- Will he/she be on scheduled leave?
- Contemplating taking another position or retiring?
- Very busy with own work and publications or other PhD's?

Circumstances of Student's Life:

- Economic and psychological effects of delay? Marital and family responsibilities?
- Level of confidence about specialty, research, teaching?
- Clear career objectives?
- Marketable skills for working in an applied setting?

The Dissertation:

- How close is the student to finishing the dissertation?
- How timely and understudied is the topic?
- How labor intensive (if original research) and how long has it taken so far?
- Does the student already have publications and teaching experience?
- How likely is it that potential articles will be published or that the dissertation might be published as a book?

Sources

1. Read more: <http://www.insidehighered.com/news/2013/08/06/sociology-job-market-continues-recover-steadily#ixzz33xtCILJk> Inside Higher Ed
2. Samuel Beckett, *I can't go on, I'll go on*. New York: Grove Press, Inc. 1976.

ASSISTING THE ASSISTANT PROFESSOR

BY BARRET MICHALEC

The Art of Conferencing

Regarding conferences, there are those of us who prepare weeks (even months) in advance for presentations, and there are those of us who are polishing off bullet-points mere moments before it is their turn to speak. There are some conference attendees who go to as many sessions as they can fit in their schedule, and there are attendees who focus their efforts and time more on networking over coffee, drinks, lunches, and dinners. There are some who check-in only to turn around a few hours later and check-out, and there are some that stay for the duration. Put simply, conferences, and their purposes, are different for everyone.

There is an "art" to conferencing - presenting, networking, catching up with colleagues and friends, recruiting (graduate students and potential new hires), and enjoying the host-city. At different times in one's career certain aspects are more important and garner more effort than others. As I mentioned in an earlier edition, my tenure review begins this Fall, so a few months ago I was reading about how to prepare for the tenure process. One columnist noted the value in heavily networking during conferences to be sure to get your face and name out there and increase your "presence" among potential external reviewers. The writer suggested that Assistant Professors attend and present at as many conferences as possible in the two years leading up to tenure review in order to increase others' awareness of their work. My first reaction to this was "Who has the money for that?!" On one hand departments are cutting back on the travel allotments to faculty, even freezing salaries and postponing raises, and on the other hand the cost of conference registrations, travel, and accommodations continue to increase. Those in the academic realm, especially Assistant Professors, are often financially strained when it comes to conferences and are forced to choose maybe one or two conferences for the year - often based primarily on

ASSISTING THE ASSISTANT PROFESSOR BY BARRET MICHALEC

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the distance from their home institution. This is problematic, not only for those trying to utilize opportunities to showcase themselves to potential external reviewers, but also for those simply looking to present/cultivate their work, network with various colleagues, and hear about other work being conducted in the field.

The key (much everything else in the realm of the Assistant Professor) is to use your travel budget effectively and your time at conferences wisely – to get the most out of the money you have (from the various pockets you can reach in) and to be active at conferences but in way that won't lend to what I have heard some call "Conference Burnout" (being not only physically exhausted but also emotionally and intellectually drained). Here are some tools/techniques/tips I use to make sure I'm active and present, but also enjoying myself at conferences...and not breaking my budget.

1. I build conference-related travel into my grant proposals. This is perfectly reasonable and often times an expected expense in your proposal's budget justification. Also, it's always good to be grant-active.
2. If I want to meet with/introduce myself to a particularly prestigious scholar that I don't know very well, I don't go up to her/him during sessions or receptions – I find those situations to be a bit stiff, mainly "front-stage", and given that there are often a ton of people around one can easily come across as rushed or even uninterested when that is not necessarily the case. Rather, I send the individual an email either before I get to the conference (if I know they will be there) or later in the day after their talk to say how much I enjoyed their talk/work and to see if they're available for coffee. The goal, for me, is to get the person in a one-on-one setting, to pick their brain away from the crowd, to create a somewhat intimate environment where we may be able to get to know each other outside of the hustle of the session or

reception. That being said, I do enjoy talking with people after a presentation or during a reception – but I am sure we can all agree that one-on-one is much more engaging than five-on-one.

3. I always set aside time to meet with colleagues (from my home institution) and friends in the area. Even though I may see them basically every day in the halls, I really enjoy connecting with my colleagues over beers or dinner outside of campus setting and conferences are a great opportunity to do this. Furthermore, even though I have only been "out" for five years, catching up with friends and professors from grad school, colleagues from other institutions, and friends not in academia that I have known for years is, in my opinion, one of the best features of conferences and conference related travel. Aside from the dates and times of my own presentations, I schedule these "meetings" before anything else because they are so important to me.
4. I enjoy running and working out so I also set aside time to exercise. A friend of mine, a fellow Assistant Professor, once told me that they purposefully didn't work out in the conference hotel gym because they didn't want to bump into anyone "important" in hall or elevator while they were in their gym clothes and/or sweaty. To each their own I suppose, but I have found exercise to be an effective way decompress and disengage from "conference-mode" for a bit, and a good way to stave off pre-presentation jitters - so when booking conference travel I always search for running trails/paths around the area and hotels with at least some form of a gym.
5. I pick my conferences carefully. I don't just conference to conference (or present to present). Some conferences are "better" than others and this depends entirely on your academic/personal preferences and your goals at that time of your career. Be

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ASSISTING THE ASSISTANT PROFESSOR

BY BARRET MICHALEC

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mindful of what you are getting yourself into before you submit that abstract.

These are merely my own conference-related suggestions. As noted in the beginning, everyone conferences differently so please feel free to send me your own tips related to conferencing to share with other Assistant Professors as we continue to navigate this particular arena of professionalization. Whether it has to do with presenting, networking, recruiting, or issues related to your own personal well-being and enjoyment please feel free to pass them along. All the best to each of you this summer.

STUDENT NEWS & VIEWS BY JESSICA SEBERGER



During my year as student editor for the newsletter I have focused my columns on engaging medical sociologists in social media – specifically with a focus on junior faculty. Earlier this year, my first interview was with Dr. Eric Grollman, a professor at the University of Richmond who, along with completing his first year as a tenure-track professor, also edits the blog he started, ConditionallyAccepted.com. After discussing how Dr. Grollman engages with social media as an academic, I next interviewed Alanna Hirz, the Managing Editor for

Production of the *Journal of Health and Social Behavior* (JHSB). Our interview focused mainly on how JHSB currently uses social media to reach its audience and future plans for the journal. For my last column as student editor for the newsletter, I have contacted and interviewed a recently graduated scholar, Dr. Ashley Barr. Dr. Barr is a member of the most recent cohort of graduating PhDs and our conversation focuses on how social media fits into her academic work. While Dr. Barr's responses don't represent the social media practices of all recent PhDs, it is likely that there are commonalities among junior scholars.

Dr. Ashley Barr graduated from the University of Georgia this spring and will start a tenure-track position at the University at Buffalo, SUNY in the fall. Broadly speaking, her work addresses the development of romantic and family relationships across the life course and their influence on health and well-being. In the following interview with Dr. Barr she discusses her use of social media in different aspects of her work, social media sites that she utilizes, social media and the job market, and her take on the utility of social media for other faculty/graduate students.

JS: Focusing first on what social media you engage with, how do you use social media in your different roles as a sociologist? As a general scholar? Researcher? Within the classroom?

Dr. Ashley Barr: I use social media (Facebook, Twitter, Instagram, blogs) primarily to keep tabs on what my colleagues are up to, at conferences, in their research, in politics, etc. Social media comes especially in handy, I think, in calling my attention to areas of scholarship outside the purview of my own research. As a scholar, I see it as a tool for building interdisciplinary connections, or at least learning new disciplinary languages.

I am a little ashamed to say that I do not capitalize on social media in my own research as much as I would like. That is, I use social media to consume and organize research from scholars, institutes, and research centers that I enjoy rather than using it to disseminate my own

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STUDENT NEWS & VIEWS BY JESSICA SEBERGER

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research. In particular, it calls my attention to new projects and exciting research that isn't yet published or that I might not have come across in the relatively narrow fields of study that we have the time to keep up with extensively.

Given that the majority of my students are heavily involved with social media, I certainly do not exclude it from the classroom. I keep a running Google Doc for each class that I teach, and every time that I see something through social media that is pertinent to one of my current or future classes, I add it to the Google Doc. Using this strategy, I have amassed a collection of articles, blog posts, images, etc. relevant to the courses that I teach. I typically end up drawing upon them for discussion in class, or if they are somewhat tangential to the course topics, I post them on our course webpage for students to use as potential material for their writing assignments.

All in all, my students bring much more to the table when it comes to social media. Given their embeddedness in it, they often call my attention to social media relevant to course material. For instance, this past semester when discussing research on "hookup culture," my students called my attention to the local twitter handle #UGAMakeouts. We then used the tweets, as well as students' reactions to them, to discuss research by Lisa Wade, Paula England, and others on hookup culture. In this instance, and many others like it, social media has opened up a two-way street in the classroom-- students were active in engaging their sociological imagination and in utilizing the methodological skills they have learned to question the generalizability of what they were digesting through social media; at the same time, I was learning about my students and gathering material for future classes.

My students have also made me feel a little better about tendency to consume rather than produce or disseminate interesting material through social media.

Many of my students have taken it upon themselves to do the disseminating by sharing blog posts, images, and websites that we discuss in class through their own Twitter and Facebook accounts. The first time that I realized some of my students were doing this, I was flattered and a little taken aback at the power of social media. I was simply crossing my fingers that the material would make it into the heads of the 20 students sitting in front of me, but with a little assistance from a few students and social media, it could potentially reach many others (albeit in a much abbreviated form!).

JS: That's a really encouraging example of the power of social media within the classroom. It seems like these days students really get into activism and a discussion of social change via social media. Giving them more resources like this is a really good way to encourage them to take what they're learning outside the classroom. Switching gears slightly, when you use social media, what are some of the sites/social media sources that you are most likely to interact with?

Dr. Ashley Barr: I am a fan of Facebook, Instagram, and Twitter, although mostly for consumption purposes. My favorite blogs and other sites (those that appear quite frequently in my classrooms) are Family Inequality, Sociological Images, and The Greater Good. I tend to read other sites more sporadically for my own personal interests (e.g. Minds of Animals, EpiBeat).

JS: One way that some scholars think about social media is as a tool to connect with a larger, lay audience. Where do you see social media fitting into the dynamic between sociologists and the lay public?

Dr. Ashley Barr: Social media most certainly allows sociologists to interface with the public in ways that we couldn't before and, potentially, to reach a greater number and a wider range of people. We have to do so, however, in the oftentimes simplified language of Twitter or other outlets, and we have to hope that we're not interfacing with people who already think like us. I think it's an ongoing

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STUDENT NEWS & VIEWS

BY JESSICA SEBERGER

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process to strike a balance between what social media can offer that traditional scholarly outlets cannot and vice versa. Judging from my students' reactions, I think the Sociological Images and Family Inequality blogs (and their accompanying Facebook and Twitter accounts) strike a nice balance between sociological research and accessibility.

JS: Are you satisfied with the role that social media plays in your scholarship?

Dr. Ashley Barr: At this point in my career, yes. I find it fascinating and admirable that many of my colleagues can engage with social media the way they do. I would like to be more of an active participant in the future, but that will come in a few years when I feel that I can manage it and when I feel more confident that I have things to say worth hearing.

JS: You've recently joined the University of Buffalo as tenure-track professor. Congratulations! How do you think social media affects the job market? How has the job market affected your use of social media?

Dr. Ashley Barr: Thanks! Given that I was never on the job market pre-social media, my observations here are speculative. Although there are changes in the job market that occurred alongside the social media boom, the use of social media while on the market seems to increase anxiety 10-fold. The use of wikis to keep tabs on the (oftentimes incorrect) status of certain positions was something that I tried for about 1 day before deciding that my sanity was at stake. As for how the job market affected my use of social media— well, other than my day of freaking out induced by the job market wiki— I didn't have much time for social media while on the market. I continued to keep tabs on a few sources and sites and to add to my Google Docs for the classroom, but it wasn't until after I secured a position and finished my dissertation that I dug through all of the fun stuff I put on the back burner.

JS: Do you have active social media accounts? Some people might be encouraged to sanitize or close their public accounts while under such scrutiny and pressure. Did you alter those when you were on the job market?

Dr. Ashley Barr: I do have active social media accounts, and I did not alter them in any way while on the market. I didn't feel the need to do so given that I didn't have many original posts. I'm not sure that I would have altered them even if I contributed a lot more than I do. If I didn't want people to read what I was writing, there'd be little reason to post!

JS: What advice do you have for graduate students or junior faculty with regards to social media?

Dr. Ashley Barr: Given that I've been a junior faculty member for all of 5 minutes, my advice is directed at graduate students. It is simply to find a balance between consuming and producing social media that works for you at this point in your life/career. I wouldn't ignore it all together, as it is a way to engage students. But, there are other fruitful ways to use social media other than producing it directly via blogs or tweets or posts. My social media use has changed during my time in graduate school, and I'm certain it will continue to change as the media outlets themselves change and as my work, my interests, and my relationship with students change. It took me a little bit of time to understand and to be okay with that.

JS: Dr. Barr, I'd like to thank you for taking the time to talk with me and let us peek into how you use social media within the different realms of your work!

~~~~~

And that wraps up my run as student editor of this column for the newsletter and my focus on social media use for medical sociologists! I want to thank those scholars who allowed me to interview them for the column and you for reading the conversations that we've had! I hope we've inspired you to think about and engage with social media within your scholarship.

## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 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, rooms, last minute changes, and other helpful information regarding the conference program at: <http://www.asanet.org/>.

Other sessions of interest not sponsored by the Section can be found in the online program under topics including : medical sociology, health care and health delivery, health policy, health and well-being, mental health, social dimensions of AIDS, and others!

### SATURDAY, AUGUST 16<sup>th</sup>

**6:30-8:30 pm Joint Reception—Medical Sociology and Mental Health**

### SUNDAY, AUGUST 17<sup>th</sup>

**7:00 – 8:15 am Medical Sociology Council Meeting**

**8:30-10:10 am Applications and Practice of Medical Sociology**

**Organizer and President:** *Donald Light*, Rowan University

Role Theory and the Practice of Interprofessional Education: A Critical Appraisal – *Barret Michalec*, University of Delaware; *Fred Hafferty*, Mayo Clinic

Monitoring Health Behavior through Social Networks – *Weihua An*, Indiana University; *Long Doan*, Indiana University

Shifts towards Patient Autonomy in Do-not-resuscitate Decisions and its Effect on End-of-life Care – *Elizabeth W. Dzeng*, University of Cambridge

Discussant: *Harry Perlstadt*, Michigan State University

the Housing and Neighborhood Strategies of Poor Families – *Diana Hernandez*, Columbia University

Unequal Exposure and Unequal Risk: Stress

Exposure and Diabetes Risk Severity in Early Adulthood – *Anna Bellatorre*, University of Nebraska-Lincoln; *Elizabeth Anne Richardson*, University of Nebraska-Lincoln

Hyperdiversity and the Use of Culture in Refugee Medicine – *Seth Donal Hannah*, Harvard University

Into the Great Unknown: Using Medical Records to Understand the Distribution of Health Risks – *Justin T. Denney*, Rice University; *Kristin M. Osiecki*, Rice University; *Mackenzie Brewer*, Rice University; *Robert J. Griffin*, Rice University; *Barry L. Lefer*, University of Houston; *Jarron M. Saint Onge*, University of Kansas

**10:30 am – 12:10 pm Medical Sociology Section Awards Ceremony and Business Meeting**

**Organizer and President:** *Susan E. Bell*, Bowdoin College  
10:30-11:30 Awards Ceremony

**Leo G. Reeder Award** winners *Catherine Ross* and *John Mirowsky*, “Education, Health, and the Default American Lifestyle”

11:30-12:10 Section Business Meeting

**12:30-2:10 pm Trauma, Victimization, and Health (co-sponsored with the Section on Sociology of Mental Health)**

**Organizer and President:** *Heather A. Turner*, University of New Hampshire

Crime, Delinquency and Mental Health: A Marginal Structural Model – *Valerio Bacak*, University of Pennsylvania

Perceived Risk, Criminal Victimization, and Community Integration: Mental Health in the Aftermath of Hurricane Katrina – *Alexander Lu*, Indiana University

The Mental Health Consequences of Exposure to Community Violence Among Serious Adolescent Offenders – *Deborah Baskin*, Loyola University-

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## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO

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Chicago; *Ira Sommers*, Loyola University-Chicago

Meanings of PTSD in Contemporary Life: A Social Constructionist Examination of Recent Veterans' Experiences – *Alex S. Bennett*, National Development and Research Institutes; *Kelly Szott*, Syracuse University; *Ernest Drucker*, Columbia University and City University of New York-John Jay College

Treating Moral Injury: The Experiences of Morally Injured Combat Veterans in an Innovative PTSD Treatment – *Phillip Noel Fucella*, University of California-Berkeley; *Shira Maguen*, University of California-San Francisco

### **2:30-4:10 pm Section on Medical Sociology Roundtables**

**Organizers:** *Matthew Archibald*, Colby College; *Katherine King*

#### **Table 01. Aging and Health**

Active Life Expectancy among Older Mexican American Men and Women – *Marc Anthony Garcia*, University of Texas-Austin; *Ronald Angel*, University of Texas-Austin; *Jacqueline Angel*, University of Texas-Austin; *Chi-Tsun Chiu*, University of Texas-Austin

Gender-specific Effects of Discussion Networks on the Management of Hypertension among Korean Older People – *Jiwon Baek*, Yonsei University; *Jina Lee*, Yonsei University

Nutrition Literacy Programming and Issues Surrounding the Conceptualizations and Definitions of Healthy – *Melinda Laroco Boehm*, Case Western Reserve University

#### **Table 02. Healthcare Professionals**

**Table President:** *Thomas Christopher Robinson*, University of South Carolina

Getting Things Done in a Post-socialist Hospital: Non-

monetary Informal Practices – *Marius Wamsiedel*, University of Hong Kong.

Identity Work within Attempts to Transform Health Care – *Cindy L. Cain*, University of Minnesota; *Monica Frazer*, Allina Health; *Rusudan Kilaberia*, University of Minnesota

Interprofessional Competition in an Organizational Field Framework: 21st Century U.S Birth Attendant Trends – *Thomas Christopher Robinson*, University of South Carolina

The Changing Role of Medical Assistants in Primary Care Settings – *Caroline P. Gray*, PAMF Research Institute; *Dorothy Hung*, PAMF Research Institute

Contours of Care: The Doctor-Patient Relationship, Race, and Health Outcomes – *Matthew K. Grace*, Indiana University

Educating Future Health Care Workers about Institutionalized Privilege and Structural Inequality – *Robin D. Moremen*, Northern Illinois University

#### **Table 03. Neighborhood/Community Context**

Demographic, Socioeconomic, and Health Behavior Variables as Potential Mediators between Allostatic Load and Morality – *Chloe E. Bird*, RAND Corporation; *Lisa M. Yarnell*, University of Texas-Austin

Investigating the Health Effect of Contextual Income Inequality and its Mechanisms in China – *Lei Jin*, Chinese University of Hong Kong

Racial Residential Segregation and Metabolic Syndrome: Findings from 2003-2008 NHANES Data – *Kelin Li*, University of Utah; *Ming Wen*, University of Utah; *Jessie Fan*, University of Utah

#### **Table 04. Subjective Health Assessment**

**President:** *Matthew Perry*, State University of New York-Buffalo

Examining the Reciprocal Relationship between Perceived Health Status and Happiness: Evidence

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## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO

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from Three Welfare Regimes – *Godfred Odei Boateng*, Western University; *Jonathan Anim Amoyaw*, University of Western Ontario; *Odei Boateng Mavis*, University of Ghana

How did the Great Recession's Impact on Inequality Affect Subjective Health in Europe, 2003-2012? – *S.M.C Kelley*, Yale University and International Survey Center; *C.G.E. Kelley*, Columbia University and International Survey Center

Self-Rated Health and Recession: A research Note on Marco and Individual Level Predictors – *Adam Mayer*, Colorado State University

The Impact of Changes in Subjective Health on Depressive Symptom trajectories – *Matthew Perry*, State University of New York-Buffalo

Does 5HTT Moderate the Association Between Subjective Body Weight and Objective Body-Mass Index? – *Robert Lysle Wedow*, University of Colorado-Boulder; *Jason D. Boardman*, University of Colorado

### Table 05. Pharmaceuticals

**President:** *Kristin Kay Barker*, University of New Mexico

Gender and Stigma Representations in Magazine Health Advertisements Have Increased Over Time – *Nicole Lehpamer*, Michigan State University

Narratives Surrounding Prescriptions Opioids in the NYT: Implications for the Treatment of Chronic Non-Cancer Pain – *Loren Elizabeth Wilbers*, University of South Florida

Pharmaceutical Direct-To-Consumer Advertising (DTCA) and Hispanic Patient-Consumers – *Kristin Kay Barker*, University of Mexico; *Cirila Estela Vasquez*, University of New Mexico

The Remains of Care in the Context of

Pharmaceuticalization. Opiate Substitution Treatment in the Post-Welfare State – *Anna Leppo*, University of Helsinki; *Riikka Perala*, University of Helsinki

Making the Claim: The Diffusion of Risk Claims about Prescription Drugs – *Mathijs de Vaan*, Columbia University

### Table 06. Child/Adolescent Health

**President:** *Zhenhua Xu*, University of North Carolina-Chapel Hill

Childhood socioeconomic Status and Health

Trajectories of Late Life in China – *Zhenhua Xu*, University of North Carolina-Chapel Hill

Maternal Ratings of Child Health and Child Overweight by Nativity and Origin Country's Economic Development – *Elizabeth Helene Baker*, University of Alabama-Birmingham; *Anthony David Campbell*, University of Alabama-Birmingham

### Table 07. HIV/AIDS

**President:** *Alexandre White*, Boston University

Burdened with a Second Sight: Double Consciousness and the Social Constructions of HIV + Experience – *Alexandre White*, Boston University

Semen Arousal and HIV Risk among Men Using the Internet to find Partners for Unprotected Sex – *Hugh Klein*, Kensington Research Institute

Sexual Abuse History and Gender, and HIV Risk Practices among Urban-Dwelling African Americans – *Hugh Klein*, Kensington Research Institute; *Claire E. Sterk*, Emory University; *Kirk W. Elifson*, Georgia State University

### Table 08. Health Behaviors

**President:** *Rachelle Hill*, U.S. Census Bureau

Disability and Sleep Duration: Evidence from the American Time Use Survey – *Carrie L. Shandra*, State University of New York-Stony Brook; Allison

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## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO

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*Kruger*, State University of New York-Stony Brook;  
*Lauren Elizabeth Hale*, State University of New  
York-Stony Brook

More Time for Yourself: The Great Recession and  
Unemployment for Time Spent in Health  
Behaviors – *Rachelle Hill*, U.S. Census Bureau

### Table 09. Infectious Diseases

**President:** *Matthew B. Flynn*, Georgia Southern  
University

Complexity Theory and Health Care Reform: Infectious  
Disease and Safety Net Providers in Texas –  
*Matthew B. Flynn*, Georgia Southern University

### Table 10. Healthcare Practices

**President:** *Jennifer Elyse James*, University of California-  
San Francisco

Prognostication, Risk and Hope: Understanding When,  
Why, and How Oncologists Share Prognostic  
Information With Patients – *Jennifer Elyse James*,  
University of California-San Francisco

Tacitly Accepted Treatment Recommendations in  
Secondary Care Visits – *Anne White*, University of  
California-Los Angeles

The Emergence of Evidence –Based Medicine: A  
genealogy of Dominant Science of Clinical Care –  
*Ariane Hanemaayer*, University of Alberta

Managing Biographical Disruption: The Experiences of  
Re-constructing Identity as a Heart Transplant  
Recipient – *Ikuko Tomomatsu*, University of  
London

### Table 11. Maternal Health

**President:** *Christine H. Morton*, Stanford University

A Balanced Weight: Explaining the Nativity Gap in Low  
Birth Weight Among Black Women – *Karyn Alayna  
Stewart*, Washington University-St. Louis

Trust, Vacillation and Neglect - Refugee Women's  
Experiences Regarding Pregnancy and Birth

Giving in Finland – *Annika Linnea Lillrank*, University  
of Helsinki

The Landscape of Maternal Quality Measures: Care  
Study of Perinatal Core Measures PC-01 – *Christine  
H. Morton*, Stanford University; *Katie Pine*, University  
of California-Irvine

Wellness at Every Age: Incorporating Breastfeeding  
Support Organizations into Obesity Prevention  
Programs and Healthier Communities – *Jill  
Eashelman*, Northeastern University; *Roger  
Edwards*, Northeastern University; *Rachel  
Colchamiro*, Massachusetts Department of Public  
Health; *Ellen Tolan*, Massachusetts Department of  
Public Health; *Julie Forgit*, Massachusetts  
Department of Public Health, *Christina Nordstrom*,  
Massachusetts Department of Public Health; *Krissy  
Mainello*, Northeastern University

Reexamining Racial Birth Outcome Disparities: The Role  
of Early Life Poverty and Disadvantage – *Laura  
Freeman Cenegey*, Rice University

### Table 12. Reproduction

**President:** *Alicia J. VandeVusse*, University of Chicago

Young Women's Medication Beliefs and Social  
Disparities in Contraceptive Use – *Elizabeth Jane  
Ela*, University of Michigan

I Won't Turn Them Away: Doctors' Role in Access to  
Fertility Treatment – *Alicia J. VandeVusse*, University  
of Chicago

Interrogating Planned Parenthood: Reproductive Health  
Care Providers' Perspective on Family Planning –  
*Lindsay M Stevens*, State University of New Jersey-  
Rutgers

### Table 13. Medical Education I

**President:** *Elizabeth Anne Jenner*, Gustavus Adolphus  
College

Medical Sociology and Healthcare reform:  
Interdisciplinary Education for the Next generation of  
Healthcare Professionals – *Sophia Lyn Nathenson*,

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## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO

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Oregon Institute of Technology

Occupations, Symbolic Violence, and the Possibility of Epistemic Ruptures in the Professionalization of Nursing – *Elizabeth Anne Jenner*, Gustavus Adolphus College

Professionals Integration as a Process of Professional Resocialization: Internationally Educated Health Professionals in Canada – *Elena Neiterman*, McMaster University; *Ivy Lynn Bourgeault*, University of Ottawa

### Table 14. Medical Education II

**President:** *Lorraine Evans*, Georgia Regents University

Making Work Glorious: Primary Care residents and Social Justice Schema – *Joanna Veazey Brooks*, Harvard University

Practicing Professionalism, Performing Authenticity: Simulating the Pelvic Exam in Medical Education – *Kelly Underman*, University of Illinois-Chicago

Resistant and/or Receptive: The role of Race and Cultural Competency in Professional Dental Education – *Lorraine Evans*, Georgia Regents University

Coaxing and Coaching: Teaching Medical Students to Effect an Authoritative Demeanor in Patient Interactions – *Alexandra Hope Vinson*, University of California-San Diego

### Table 15. Healthcare Organizations

**President:** *Daniel A. Menchik*, Michigan State University

Customization of Health Technology as a Condition of Hybridity: The Case of the English NHS – *Dimitra Petrakaki*, University of Sussex; *Ela Klecun*, London School of Economics and

Political Science

Market Interactions and Status Sacrifices: The Counterintuitive Spread of Robotic Technologies in Medical Practice – *Daniel A. Menchik*, Michigan State University

Medical Errors, Medical Malpractice and Death Cases in North Carolina – *Catherine T. Harris*, Wake Forest University; *Ralph Peeples*, Wake Forest University

Preparing For Change: How Healthcare Providers Make Sense of Organizational Restructuring – *Jane Schlapkohl VanHeuvelen*, Indiana University

In the Face of Pain: Circumcision, Class and Medical Authority in Turkey – *Oyman Basaran*, University of Massachusetts

### Table 16. Race, Ethnicity and Health

**President:** *Elyas Bakhtiari*, Boston University

Acculturation and Health among Middle Eastern Immigrants in the United States – *Neveen Fawzy Shafeek Amin*, University of Texas-Austin

Contextualizing Racial and Ethnic Health Inequalities – *Elyas Bakhtiari*, Boston University

Racial/Ethnic Differences in Access to and Use of Physician Diabetes Care – *Raeven Faye Chandler*, Pennsylvania States University; *Shannon M. Monnat*, Pennsylvanian State University

The Condition With No Name: Autism in a P'urhépecha Farmworker Community – *Rebecca Alvarez*, Palomar college; *Jan Blacher*, University of California-Riverside

The Right Profile? An Examination of Race-Based Pharmacological Treatment of Hypertension – *Leslie R. Hinkson*, Georgetown University

### Table 17. Sexual Health

**President:** *Andrea N. Polonijo*, University of British Columbia

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## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO

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Disparities in HPV and Cervical Cancer Awareness between Highly Educated White and Minority Young Women – *Zinobia Chara Bennefield*, Texas A&M University

Intimate Partner Characteristics: Understanding their Association with Sexually Transmitted Infections among African American Women – *Carrie B. Oser*, University of Kentucky; *Erin Leigh Pullen*, University of Kentucky; *Danelle Stevens-Watkins*, University of Kentucky; *Michele Staton-Tindall*, University of Kentucky; *Carl Leukefeld*, University of Kentucky

Sexual Health and Discrimination Among Heterosexual Adolescents and Young Adults – *Eric Anthony Grollman*, University of Richmond; *Sonya A. Satinsky*, University of Kansas

Socioeconomic and Racial-Ethnic Disparities in Prosocial Health Attitudes: The case of HPV Vaccination for Boys – *Andrea N. Polonijo*, University of British Columbia; *Richard M. Carpiano*, University of British Columbia; *Pau L. Reiter*, The Ohio State University; *Noel T. Brewer*, University of North Carolina-Chapel Hill

### Table 18. Socioeconomic Status and Health

**Presider:** *Paul Bugyi*, State University of New York-Stony Brook

Family Education, Chronic Illness and Health Disparities – *Paul Bugyi*, State University of New York-Stony Brook

Relative Deprivation versus Instrumental Support: The Role of Peer Income on Health of Older Adults – *Charles Gibson*, University California-Irvine

Education and Psychological Distress of Older Chinese: A ten-Year Longitudinal Analysis – *Wei Zhang*, University of Hawaii-Manoa; *Huashuai Chen*, Duke University; *Quishi Feng*, National University of Singapore

Learned Effectiveness, Fundamental Causes, and the Educational Gradient in Self-Rated Health – *Jamie L. Lynch*, St. Norbert College; *Paul von Hippel*, University of Texas-Austin

### Table 19. Sexual Orientation and Health

**Presider:** *Jodie Marie Dewey*, Concordia University

(Dys)Functional Diagnosing: The Sociological analysis of the Medical and Therapeutic Management of Trans-identifies Patients – *Jodie Marie Dewey*, Concordia University

Institutionalized Homophobia in the U.S Tissue Donation Policies – *Michael Flatt*, Case Western Reserve University

Pragmatism, Activism, and Cynicism: Logics of Engagement with Strategies to Reduce LGBT Tobacco use – *Amanda K. Damarin*, Georgia Perimeter College; *Zack Marshall*, Memorial University-Newfoundland; *Lawrence Bryant*, Georgia State University

Same-sex Married and Cohabiting Families and Child Health: a Population-Based Study – *Corinne Reczek*, The Ohio State University; *Russell Leroy Spiker*, University of Cincinnati; *Hui Liu*, Michigan State University

### Table 20. Obesity

**Presider:** *Meredith R. Pustell*, Brown University

Fighting Not to Lose: Blogging Fat Acceptance – *Meredith R. Pustell*, Brown University

Parallel Paradoxes: Notes on Narratives, Mindfulness and Recovery – *Paul Joseph Draus*, University of Michigan

Satisfaction With Appearance and Social Relationships Following Bariatric Surgery – *Doris Palmer*, Arizona State University; *Jennie Jacobs Kronenfeld*, Arizona State University

Active School Transport, Child Obesity, and Blind Spots in Child Health Inequalities Literature – *Claudia N.*

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## MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO

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*Chaufan*, University of California-San Francisco;  
*Jarmin Yeh*, University of California-San  
Francisco

Neighborhood Socioeconomic Status and Obesity:  
The Intervening Role of Negative Weight Self  
Efficacy – *Lori Kowaleski-Jones* University of  
Utah

### Table 21. Patienthood

**Presider:** *Laurie Elizabeth Hawkins*, University of  
Colorado-Boulder

The Unknown Voice: Narrative and Knowledge  
among Voice Hearers – *Samuel Joseph*  
*Southgate*, Yale University

The Social Relations of Recovery Following  
Admission to Intensive Care – *Hilary Thomas*,  
University of Hertfordshire; *Sarah Earthy*,  
University of Surrey; *Judith Sloney*, University of  
Surrey

Trust Matters: Physician Trust among Diverse LGBT  
Patients and Implications for Care – *Karen*  
*Powell Sears*, Agostino Consulting Services;  
*Stacey Brown*, University of Connecticut

My-Fault Diabetes: American Narratives on the  
Origins of type 2 Diabetes – *Mari Armstrong-*  
*Hough*, Meiji Gakuin University

Cultural Health Capital and the Contraceptive  
Medical Encounter – *Laurie Elizabeth Hawkins*,  
University of Colorado-Boulder

### Table 22. Alternative and Complementary Medicine

**Presider:** *Steven E. Barkan*, University of Maine

Effect of Prayer and Meditation on Depression and  
Disability: Health and Retirement Study 2000-  
2010 – *Sophia Lyn Natheson*, Oregon Institute  
of Technology

Religiosity and Subjective Well-being: How Robust is  
the Relationship? – *Steven E. Barkan*,

University of Maine; *Michael Rocque*, Bates  
College

Heterogeneity among Nonvaccinating Parents:  
Implications for Public Policy – *Yvonne Gail*  
*Villanueva-Russell*, Texas A&M University-  
Commerce

Varying Effects of Acupuncture and Herbal Medicine in  
the United States and Japan – *Jae-Mahn Shim*,  
University Seoul

### MONDAY, AUGUST 18<sup>th</sup>

#### 8:30-10:10 am Ethnography and Health Quality in a Global Context

**Organizer:** *Charles L. Bosk*, University of Pennsylvania

Interpreting Practices for Refugee and Immigrant  
Patients in U.S. Hospital Outpatient Clinics – *Susan*  
*E. Bell*, Bowdoin College

Public Reporting in Cardiac Surgery in the United  
Kingdom and United States – *Mark Exworthy*,  
University of Birmingham; *Jonathan Gabe*,  
University of London; *Ian Rees Jones*, Cardiff  
University

Talk of Culture as a Barrier to Change in Hospital Work  
– *Julia E. Szymczak*, The Children's Hospital of  
Pennsylvania

Ambiguous Structures as a Source of Organizational  
Miscommunication: The Entrepreneurial  
Management of Public Care Work – *Antero Olakivi*,  
University of Helsinki

Clinical Governance: Quality and ceremony in English  
NHS Hospitals – *Karen Marguerite Staniland*,  
University of Salford; *Robert Dingwall*, Nottingham  
Trent University; *Graeme Currie*, University of  
Warwick

#### 10:30 am -12:10 pm Health Inequality: Tracing Trends and Theorizing Processes

**Organizer and Presider:** *Janet K. Shim*, University of

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

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**MEDICAL SOCIOLOGY SESSIONS AT THE 2014 ASA MEETINGS IN SAN FRANCISCO**

California – San Francisco

Beyond the Socioeconomic Gradient: Reassessing  
 Social Class Inequalities in Health – *Yujia Liu*,  
 University of South Carolina

Affordable Housing at the Expense of Health:  
 Exploring the Housing and Neighborhood  
 Strategies of Poor Families – *Diana Hernandez*,  
 Columbia University

Unequal Exposure and Unequal Risk: Stress  
 Exposure and Diabetes Risk Severity in Early  
 Adulthood – *Anna Bellatorre*, University of  
 Nebraska-Lincoln; *Elizabeth Anne Richardson*,  
 University of Nebraska-Lincoln

Hyperdiversity and the Use of Culture in Refugee  
 Medicine – *Seth Donal Hannah*, Harvard  
 University

Into the Great Unknown: Using Medical Records to  
 Understand the Distribution of Health Risks –  
*Justin T. Denney*, Rice University; *Kristin M.*  
*Osiecki*, Rice University; *Mackenzie Brewer*,  
 Rice University; *Robert J. Griffin*, Rice University;

*Barry L. Lefer*, University of Houston; *Jarron M.*  
*Saint Onge*, University of Kansas

**2:30-4:10 pm Medicalizing Nature, Naturalizing  
 Culture: Disrupting Dichotomies in Reproduction**

**Organizer and Presider:** *Elizabeth Mitchell Armstrong*,  
 Princeton University

Beyond the Natural-Medical Binary in Childbirth: The  
 Unassisted Childbirth Experience – *Lauren Ashley*  
*Diamond-Brown*, Boston College

Nature and Culture: Lay Accounts of Perinatal Mental  
 Health Disorders – *Carrie L. Wendel-Hummell*,  
 University of Kansas

Pharmaceuticalization of Clandestine Abortion: The  
 Changing Practice and Discourse of Reproductive  
 Choice in Argentina – *Julia A. McReynolds-Peréz*,  
 University of Wisconsin-Madison

The Milk of Human Kinship: Donated Breastmilk in  
 Neonatal Intensive Care – *Katherine Carroll*,  
 University of Technology

Discussant: *Danielle Bessett*, University of Cincinnati