

Medical Sociology Newsletter

VOLUME 42, ISSUE 4

SUMMER 2006

A Publication of the Medical Sociology Section of the ASA

CHAIR'S NOTE: 2006 Medical Sociology Meetings

This year's annual meeting will be held August 11-14 in Montreal, Quebec. Medical Sociology section day is Saturday, August 12, but the section's paper sessions are divided between Saturday and Sunday (with a couple of ASA-organized medical sociology paper sessions on Monday). At this point, our reception is scheduled for August 11 and the business meeting and awards ceremony are scheduled for August 12, but be sure to check the ASA website for the final schedule. (Council meeting is not yet scheduled.) This should be a great opportunity to listen, talk, learn, and enjoy a fascinating city. In honor of this location, we will host a special session on Canadian health care and health sociology, which will include both Anglophone and Francophone sociologists.

Memorial session for Eliot Freidson: Friday, August 11, 4:30-6:10 p.m. In addition to the regular schedule of paper sessions, the ASA is hosting a special session in honor of Eliot Freidson, organized by Magali Sarfatti Larson. Steven Brint will speak on "With or without soul: Professions in our time," and Peter Conrad will speak on "Eliot Freidson's Revolution in Medical Sociology." Eliot's family, friends, students, and members of the audience will also be invited to share their comments and memories.

Medical Sociology Reception: Friday, August 11, 6:30-8:15 p.m. As always, the medical sociology section invites all members to our annual section reception. Blackwell Publishing has once again graciously chosen to underwrite this event, for which we are very grateful. Please come schmooze and nosh with us. (Sometimes Yiddish beats English hands down...)

Medical Sociology Business Meeting and Awards Ceremony: Saturday, August 12, 2:30-4:10 p.m. The meeting opens with section business, but will move quickly to this year's medical sociology section awards. Howard Kaplan will give the Reeder Award address during the second half of the meeting. I hope you all will be able to attend.

Medical Sociology Section Paper Sessions (please see specifics about sessions on the pages that follow): 1) Roundtables, organized by Steven Epstein; 2) Health Policy, organized by Jennie Jacobs Kronenfeld; 3) Science and Technology of Medical Practice, organized by Stefan Timmermans; 4) Sociology of Bioethics, organized by Elizabeth M. Armstrong; 5) International Issues in HIV/AIDS, organized by Shari L. Dworkin; 6) Health Care and Health Sociology in Canada (Invited session), organized by Ivy Lynn Bourgeault.

Special ASA Regional Sessions: 1) Myths and Realities: Canadian Health Care in Practice, organized by Pat Armstrong (York University); 2) The Greatest Divide? Health Care in Canada and the United States, organized by Amelie Quesnel-Vallee (McGill University).

~Rose Weitz

Reminders:

- *2006 ASA Annual Meeting:*
August 11-14, 2006
Montreal, Quebec, Canada
- *2007 ASA Annual Meeting:*
August 11-14, 2007
New York, New York
- *MSN Fall Deadline:*
September 15, 2006



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IMPORTANT!!! Please watch <MEDSOC@LISTSERV.BROWN.EDU> for the Medical Sociology Section Election Results. The results will be announced in Montreal as well.

SECTION-SPONSORED & RELATED SESSIONS AT THE 2006 ASA MEETINGS IN MONTREAL

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

FRIDAY, AUGUST 11

8:30-10:10 Impact of Pharmaceuticals on Professionals and the Public

Organizer: *Renee R. Anspach* (University of Michigan)

Presider: *Sydney A. Halpern* (Vanderbilt University)

The Effects of Pharmaceutical Direct-to-Consumer Advertising on Physician-Patient Interaction, *Benjamin Allan Lewin* (Arizona State University)

Arbiter of Science: Institutionalization and Status Effects in FDA Drug Review, *Jerry W. Kim* (Harvard University)

Mild Cognitive Impairment: Medicalizing Age Related Cognitive Change, Who Truly Benefits? *Marvie Lambrix* (Case Western Reserve University)

Physicians and Drug Representatives: Exploring the Dynamics of the Relationship, *Susan Chimonas* (Columbia University), *Troyen A. Brennan* (Harvard University), *David J. Rothman* (Columbia University)

Medically-Disciplined Bodies: College Students "Pharming" to Perform in the Classroom, *Meika E. Loe* (Colgate University)

Discussant: *Jennifer Fishman* (Case Western Reserve University)

2:30-4:10 The Greatest Divide? Health Care in Canada and the United States

Session Organizer: *Amelie Quesnel-Vallee* (McGill University)

Presider: *Amelie Quesnel-Vallee* (McGill University)

Panelist: *Antonia Maioni* (McGill University)

Panelist: *John F. Myles* (University of Toronto)

Panelist: *Theodore Marmor* (Yale University)

Panelist: *Donald W. Light* (University of Medicine & Dentistry of New Jersey)

4:30-6:10 Special Session: Memorial Gathering in Honor of Eliot Freidson

Session Organizer: *Magali Sarfatti-Larson* (Temple University)

Presider: *Edward W. Lehman* (New York University)

With or Without Soul: Professions in Our Time, *Steven G. Brint* (University of California-Riverside)

Eliot Freidson's Revolution in Medical Sociology, *Peter Conrad* (Brandeis University)

Panelist: *Gilda Zverman* (State University of New York)

Panelist: *Carroll Seron* (University of California, Irvine)

Panelist: *Robert Dingwall* (University of Nottingham)

Discussant: *Helen Giambiruni* (wife of Eliot Freidson)

6:30-8:15 Section on Medical Sociology Reception

SATURDAY, AUGUST 12

8:30-10:10 Refereed Roundtables

Organizer & Presider: *Steven G. Epstein* (University of California, San Diego)

Table 1. Social Production of Illness

Health, Social Relations, and Public Policy, *Peter A. Hall* (Harvard University), *Rosemary C. R. Taylor* (Tufts University)

Gender Inequality and HIV/AIDS in Sub-Saharan Africa, *Keyvan Kashkooli* (University of California, Berkeley)

The Causal Effect of Economic Resources on Health: Theory and Measurement Issues, *Brent Berry* (University of Toronto)

Gender and Socioeconomic Gradients in Health: Evidence among Married Couples, *Diane S. Shinberg* (University of Memphis)

Not All Children are Created Equal: Social Inequality, Life Course and the Social Production of Type-2 Diabetes, *Claudia N. Chauhan* (University of California at Santa Cruz)

Table 2. Constructing Illness Categories

A Fragile Life: Disability and the Ontological Question, *William Hughes* (Glasgow Caledonian University)

Autism Spectrum Disorders (ASD): Competing Narratives in the Construction of a Category of Diagnosis, *William N. Rocque* (University of Colorado)

Diagnosing Alzheimer's in Specialty Clinics: Disease Process or Chronic Illness? *Renee Lynn Beard* (University of Illinois at Chicago)

Physicians and Functional Syndromes: No Clue - Many Opinions, *Gesine Kuespert Hearn* (Idaho State University)

Transcending the Acute/Chronic Illness Divide: The Physical and Social Experience of Acute Illness and Injury, *Dana Rosenfeld* (Royal Holloway University of London)

Table 3. Remaking Race through Biomedical Practice

The Ultimate Risk Factor: The Metabolic Syndrome and the Reformulation of Race, *Anthony Ryan Hatch* (University of Maryland-College Park)

Babies Sleep Safest on their Backs: Race, Resistance and the Consequences of Cultural Competency, *Martine C. Hackett* (CUNY Graduate Center)

Table 4. Critical Approaches to Surveillance and Control

Infectious Disease and the "New Public Health": Disciplining and Surveying American and Canadian Tuberculosis Patients, *Alan G. Czuplicki* (Northwestern University)

Reconstructing the Target: Social Position, Race, Ethnicity and the Control of Women Sex Workers in Antananarivo, Madagascar, *Kirsten Stoebenau* (Johns Hopkins Bloomberg School of Public Health)

The Quest for Quality in the English National Health Service: Documents in Action, *Karen Marguerite Staniland* (University of Salford)

Table 5. Professional Dilemmas—I

There is Such Interdisciplinary Communication: Health Care in the Multidisciplinary Context of Sport Medicine, *Nancy Theberge* (University of Waterloo)

Medical Rationalization as a Social Capital Resource for Reducing Fear of Malpractice Litigation, *Ferris J. Ritchey* (University of Alabama at Birmingham), *Joseph E. Schumacher* (University of

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Alabama at Birmingham), *Leonard J Nelson III* (Samford University), *Cullen Clark* (University of Alabama at Birmingham)

They are Patients First and Foremost: Organizational Framing in Sexual Assault Nurse Examiner Programs, *Lara Foley* (University of Tulsa)

When do Physicians Follow their Patients' Orders? *Lei Jin* (Harvard University), *Daniel A. Menchik* (University of Chicago)

Table 6. Professional Dilemmas—II

Assessing Suicide Risk: A Conceptual Framework for Understanding Lapses in Research Integrity in Medical Clinical Trials, *Susan E. Stockdale* (UCLA), *Joel T. Braslow* (UCLA Health Services Research Center), *Alison Brown* (UCLA Integrated Substance Abuse Program)

Duct Tape: An Evaluation of Medical Technical Assistants in California Prison Healthcare, *Tabi L. White* (University of California, Berkeley)

Realistic Responses by Specialists in Medical Practice: From Cases in Japanese Emergency Rooms, *Genta Kato* (Kyoto University)

Maximizing Social Opportunity in the Face of Cancer: Understanding Caregiver Burden, *Patricia Fay Case* (University of Toledo)

Table 7. Predicting and Measuring Health Outcomes—I

Explaining the Obesity Epidemic: An Analysis of Adult Obesity and Overweight in the United States, *Michelle Bata* (Fordham University)

The Life Course of Obesity and Hospitalization: Does Duration of Exposure Matter? *Markus H. Schafer* (Purdue University), *Kenneth F. Ferraro* (Purdue University)

Sources of Depression Among Low-Income Parents: A Mixed Methods Approach, *Amy Johnson* (University of Pennsylvania)

Outcomes into Practice: Controlled Trial of the Worker-Based Outcomes Assessment System, *Robert H. Ross* (University of Vermont), *Peter W Callas* (University of Vermont), *Jesse Q. Sargent* (George Washington University), *Benjamin C. Amick* (University of Texas- Houston), *Ted Rooney* (Health and Work Outcomes)

Table 8. Predicting and Measuring Health Outcomes—II

Sexual Intercourse, Quality Measures, and Dysfunction: Correlates of Sexual Health in HIV-Infected Men, *William Lyman Jeffries* (University of Florida), *Charles W. Peek IV* (University of Florida), *Barbara Zsembik* (University of Florida), *Constance R. Uphold* (North Florida/South Georgia Veterans Health System)

Timing of Sexual Initiation and Adolescent Depression, *Stacy A. Armour* (Ohio State University), *Anna M. Cunningham* (Ohio State University)

Risk Factors in High School Youth, *Yvonne M. Vissing* (Salem State College), *Quixada Moore-Vissing* (Acton MA High School)

Table 9. Health Disparities

Health Care Utilization Among Mexican-American Elderly: A Multi-Level Analysis, *Kellie J. Hagenen* (University of Nebraska - Lincoln)

Hysterectomy, Bilateral Oophorectomy, and Socioeconomic Status, *Jessica Jakubowski* (University of Wisconsin-Madison)

Racial/Ethnic Variation in Recovery From Stroke: The Role of Caregivers, *Maude Rittman* (North Florida/South Georgia Veterans Health System), *Melanie Sberna* (North Florida/South Georgia Veterans Health System)

Table 10. Health Care Financing

How Insurance Companies are Using the Internet to Influence Physician Prescribing, *Maurice Penner* (University of San Francisco)

Cost Containment Strategy – Medical Savings Account: the Shanghai Scheme and the Singaporean Model, *Weizhen Dong* (University of Waterloo)

The Matter with Hospice: Institutionalized Caring, *John M. Fox* (University of Massachusetts-Amherst)

Table 11. Reforming the Health Care System

It's About Time: Woman Defined Quality Care, *Pat Armstrong* (York University), *Karen R. Grant* (University of Manitoba), *Madeline Boscoe* (Canadian Women's Health Network), *Barbara Clow* (Atlantic Centre of Excellence for Women's Health), *Nancy Guberman* (Ecole de travail social, Université du Québec a Montreal), *Beth E. Jackson* (York University), *Ann Pederson* (British Columbia Centre of Excellence for Women's Health), *Kay Willson* (Prairie Women's Health Centre of Excellence)

Pushing the Boundaries: Legitimizing Risk in Use of "Marginal" Medical Resources, *Nancy G. Kutner* (Emory University)

Table 12. Risk, Uncertainty, STDs, and HIV/AIDS

Technologies of Uncertainty: The Paradox of Standardization in the Treatment of Syphilis and HIV/AIDS, *Rebecca J. Culyba* (Northwestern University)

Links between Wealth, Transactional Sex, and Risk Behavior in Kisumu, Kenya, *Nancy Luke* (Brown University)

Comparing Trends in Sexual Risk Taking Among Rural and Non-Rural High School Students: 1997- 2003, *Devon J. Hensel* (Indiana University School of Medicine), *James G. Anderson* (Purdue University)

Knowledge of Sex and STD/AIDS in the General Adult Population of China, *Ye Liao* (NORC at University of Chicago), *William Parish* (University of Chicago), *Edward O. Laumann* (University of Chicago)

Table 13. Global Politics of Health

Patent Regime, Social Movement, and Access to Essential Medicines: Development of Right to Health and Its Challenges, *Yu-Ling Huang* (State University of New York at Binghamton)

The Impact of the Epidemic on Voting Participation and Electoral Trends in Five sub-Saharan African Countries, *Audrey Sacks* (University of Washington)

The Legacy of State Socialism on Trial: Workers' Participation and their Health and Safety Protection in China's Transitional Industrial Economy, *Meei-Shia Chen* (National Cheng Kung University)

10:30-12:10 Invited Session: Health Care and Health Sociology in Canada

Session Organizer: *Ivy Lynn Bourgeault* (McMaster University)

Presider: *Ivy Lynn Bourgeault* (McMaster University)

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Beyond Medical Sociology: Diverse Disciplinary Perspectives from the English Canadian Academy, *Hugh Armstrong* (Carleton University)

From the Fringes to the Mainstream: Contributions of Canadian Medical Sociology to the study of Complementary and Alternative Medicine, *Merrijoy Kelner* (University of Toronto)

Sociology of Medication: From Disease Remedy to Identity Definer, *Johanne Collin* (Université de Montréal)

The Canadian Intersection and the Sociology of Illness Experience, *Arthur W. Frank* (University of Calgary)

Why Does Drinking Context Matter? Theoretical and Methodological Issues, *Andree Demers* (University of Montreal), *Sylvia Kairouz* (Concordia University)

12:30-2:10 International Issues in HIV/AIDS

Session Organizer: *Shari Lee Dworkin* (Columbia University)

Presider: *Shari Lee Dworkin* (Columbia University)

Gender & HIV/AIDS in India: Implications for Future Research, *Mangala Subramaniam* (Purdue University)

Gender Inequality and HIV-1 Infection among Women in Moshi, Tanzania, *Zhibong Sa* (University of Maryland), *Ulla Larsen* (University of Maryland)

Negotiating Condom Use in the Context of Transactional Sex: An Exploratory Study from Mainland China, *Susanne Yukping Choi* (Chinese University of Hong Kong)

AIDS and Religious Economies, *Evelyn L. Bush* (Fordham University)

2:30-4:10 Section on Medical Sociology Award Ceremony and Business Meeting

SUNDAY, AUGUST 13

8:30-10:10 Inequality in Health and Health Care as Private Trouble and Public Issue

Session Organizer: *Renee R. Anspach* (University of Michigan)

Presider: *Deborah Carr* (Rutgers University/University of Wisconsin, Madison)

Can Honorific Awards Give us Clues About the Connection between Socioeconomic Status and Mortality, *Bruce G. Link* (Columbia University), *Richard M. Carpiano* (University of Wisconsin at Madison), *Margaret M. Weden* (University of Wisconsin at Madison)

Eradicating Diseases of the Poor: The Construction of a Morally Troubling Policy, *Donald W. Light* (University of Medicine & Dentistry of New Jersey)

Health Care Access and the Use of Clinical Preventive Services, *Daniel J. Rose* (University of Michigan), *Paula M. Lantz* (University of Michigan), *James S. House* (University of Michigan), *Richard Mero* (University of Michigan)

Health Policy in the Welfare State: National Responses to AIDS in the United States and the United Kingdom, *Tasleem Juana Padamsee* (University of Michigan)

Young Mothers' Responses to Stigma, *Kathryn Bondy Fessler* (University of Michigan)

Discussant: *Karen Luttfey* (New England Research Institutes)

10:30-12:10 Health Policy

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

Presider: *Jennie Jacobs Kronenfeld* (Arizona State University)

Antibiotics Knowledge and Parent Tactics Used to Obtain Them: How Spanish-Speaking Mothers Create Doctor-Worthy Cases for their Children, *Roberto E. Montenegro* (University of California, Los Angeles)

Efficiency and Patient Care: Exploring the Relationship between System Efficiency and the Doctor-Patient Relationship, *Denise L. Anthony* (Dartmouth College)

Impact of Breast Cancer Caregiving on Women at Increased Risk, *Victoria H. Raveis* (Columbia University)

The Use of Academic Detailing to Bring Medication Abortion to California's Rural Primary Care Providers, *Tracy A. Weitz* (UCSF), *Heather Gould* (UCSF), *Diana Greene Foster* (UCSF), *Abigail Breckenridge* (UCSF), *Felicia H. Stewart* (UCSF)

The 'Graying' of an Epidemic: Social Policy, Health Promotion and HIV/AIDS Education and Prevention for Adults over 50 in the Midwest, Theoretical Findings, *Ann Marie Hickey* (University of Kansas)

10:30-12:10 Health & Well Being: Social Constructions and Stories

Session Organizer: *Kathy Charmaç* (Sonoma State University)

Presider: *Kathy Charmaç* (Sonoma State University)

Media Constructions of Minority Health in the United States, 1977-2005, *Drew Halfmann* (University of California-Davis), *Jesse D. Rude* (University of California at Davis)

The Empire Strikes Back or How Ads for Psychotropics Construct the Postmodern Self, *Elianne K. Riska* (University of Helsinki), *Thomas Heikell* (Åbo Akademi University)

Popular Pregnancy Advice Books and the Medical Encounter – A Patient-Centered Perspective on the Doctor-Patient Relationship, *Denise A. Copelton* (SUNY Brockport)

It's Like Being Martha Stewart with a Baby: Emotion Work and Labeling Post-Partum and Post-Adoptive Depression, *Heather L. Kane* (University of North Carolina-Chapel Hill)

Narratives of Self-Continuity After Stroke, *Ramon Hinojosa* (University of Florida), *Craig A. Boylstein* (North Florida/South Georgia Veterans Health System)

The Impact of Imprisonment on Health and Health Care from the Perspective of Female Inmates in Kansas, *Janice Proctor* (Ohio University Eastern)

12:30-2:10 Sociology of Medical Knowledge

Session Organizer: *Renee R. Anspach* (University of Michigan)

Presider: *Renee R. Anspach* (University of Michigan)

"Race" and "Ethnicity" in Biomedical Research: How Do Scientists Construct and Explain Difference in Health? *Catherine Lee* (Rutgers University)

Biostatistician or Women's Advocate: Adaptation in the Maternal Mortality Profession, *Keith R. Johnson* (Oakton Community College)

How Research Shapes Medical Work: Organizational Effects of Clinical Trials, *JuLeigh Petty* (Northwestern University), *Carol Heimer* (Northwestern University)

Putting Knowledge Into Professional Contexts: How Physician Networks Manage Research Findings, *Daniel A. Menchik* (University of Chicago), *David Meltzer* (University of Chicago)

Should Medical Sociology Still Worry about the Epistemology of Epidemiology? Variation in the Clinical Management of

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Urologic Symptoms, *Karen Lutfey* (New England Research Institutes), *Carol Link* (New England Research Institutes), *Lisa D. Marceau* (New England Research Institutes), *John McKinlay* (New England Research Institutes)

Discussant: *Renee R. Anspach* (University of Michigan)

2:30-4:10 Science and Technology of Medical Practice

Session Organizer: *Stefan Timmermans* (UCLA)

Presider: *Stefan Timmermans* (UCLA)

Informational Resources for Cancer Survivors: Which Institutions Count? *Mark Pachucki* (Harvard University)

Reading, Writing And Ranking Science: An Examination Of The Legitimacy Of Science In Medical Work, *JuLeigh Petty* (Northwestern University)

Telepsychiatry and Social Context: Meaning and Perspective in the Delivery of Mental Health Care, *Karen Albright* (University of California, Berkeley)

The Home as Hospital: The Consequences of High-Tech Home Care for Patients and their Families, *Cameron Macdonald* (University of Wisconsin - Madison)

2:30-4:10 Interdisciplinary Contributions to Sociological Research on Health and Illness

Session Organizer: *Richard M. Carpiano* (University of Wisconsin at Madison)

Presider: *Richard M. Carpiano* (University of Wisconsin at Madison)

Session Organizer: *Stephanie A. Robert* (University of Wisconsin at Madison)

Inflammation: A Model of How Social Determinants of Health Get Under the Skin, *Elliot Friedman* (University of Wisconsin at Madison)

Discussant: *James S. House* (University of Michigan)

Facing the Realities of the American Dream: Black-White Health Disparities Among Upwardly Mobile U.S. Populations, *Cynthia Colen* (Columbia University)

Discussant: *David R. Williams* (University of Michigan)

Leveraging Fair Housing Policy Data, Measures, and Methods to Estimate Institutional Racism across Place, *Theresa L. Osyupk* (University of Michigan, School of Public Health)

Discussant: *Stephanie A. Robert* (University of Wisconsin at Madison)

Smoking, Social Norms and the Emergence of a Stigmatized Identity, *Jennifer M. Stuber* (Columbia University)

Discussant: *Bruce G. Link* (Columbia University)

4:30-6:10 Sociology of Bioethics

Session Organizer: *Elizabeth M. Armstrong* (Princeton University)

Presider: *Joanna Kempner* (The University of Michigan)

Sociological Model of Illness and Bioethics: Addressing Issues of Inequality and Infectious Disease, *Mark Tausig* (University of Akron), *Michael Selgelid* (University of Sydney), *Janardan Subedi* (Miami University), *Sree Subedi* (Miami University-Hamilton)

The Ethics of Naming and Classifying, *Joseph E. Davis* (University of Virginia)

Changing the Subject: Science, Subjectivity, and Ethics in Toxicogenomics, *Sara N. Shostak* (Columbia University)

Do unto Others: How Online Support Groups Construct the Ethics of Disclosing HIV+ Status, *David A. Rizer* (Bar Ilan

University)

Discussant: *Elizabeth M. Armstrong* (Princeton University)

Discussant: *Charles L. Bosk* (University of Pennsylvania)

MONDAY, AUGUST 14

8:30-10:10 Framing Medical Problems: Political, Professional and Personal

Session Organizer: *Renee R. Anspach* (University of Michigan)

Presider: *Nissim Mizrahi* (Tel Aviv University)

Social Movements Without the Sovereign: Risky Subjects, Disease Regimes, and the Breast Cancer Continuum, *Maren Elise Klaviter* (Georgia Institute of Technology)

The News Media and the Public Debate over Routine Male Circumcision, *Laura M. Carpenter* (Vanderbilt University)

Bodies of Discontent: The Convergence of Medicine, Race, and Politics in the Prioritizing of Mental Health among Refugee Populations, 1980 to Present, *Tracy Chu* (Graduate School and University Center, CUNY)

Body Weight and Perceived Risk of Chronic Illness among American Adults, *Karen Joy Jaffe* (Rutgers University), *Deborah Carr* (Rutgers University/University of Wisconsin, Madison)

Clinical Life: Expectation and the Double Edge of Medical Promise, *Janet K. Shim* (University of California, San Francisco), *Ann J. Russ* (University of California, San Francisco), *Sharon R. Kaufman* (University of California, San Francisco)

Discussant: *Susan E. Bell* (Bowdoin College)

10:30-12:10 Myths & Realities: Canadian Health Care in Practice (co-sponsored with CSAA)

Session Organizer: *Pat Armstrong* (York University)

Presider: *Pat Armstrong* (York University)

Panelist: *Hugh Armstrong* (Carleton University)

Panelist: *Lorraine Greaves* (B.C. Centre of Excellence for Women's Health)

Panelist: *Joel Lexchin* (University of Toronto)

4:30-6:10 Health & Well Being: Structure, Status, and Causation

Session Organizer: *Kathy Charmaç* (Sonoma State University)

Presider: *Dana Rosenfeld* (Royal Holloway University of London)

Children's Access to Healthcare in the Context of Welfare

Reform: A Policy Challenge for the Twenty-first Century, *Karen Secombe* (Portland State University), *Gwen Marchand* (Portland State University)

How Social Network Indexes Confound Health Research

Findings: New Evidence from the NSHAP Study, *Benjamin Thomas Cornwell* (University of Chicago), *Edward O. Laumann* (University of Chicago)

Occupational Racial Composition and Non-fatal Work Injuries, *Terceira A. Berdabl* (Agency for Healthcare Research and Quality), *Julia McQuillan* (University of Nebraska-Lincoln)

Job Insecurity and Health in the United States, *Sarah Burgard* (University of Michigan), *Jennie E. Brand* (University of Michigan), *James S. House* (University of Michigan)

Fundamental Causes of Health Disparities: A Comparative Analysis of Canada and the United States, *Andrea E. Willson* (University of Western Ontario)

Discussant: *Dana Rosenfeld* (Royal Holloway University of London)

The One-Eyed Queen: Medical Evidence and Health Policy at the NIH

Health Policy by Elizabeth M. Armstrong

Britney Spears went under the knife to get one. So did Victoria Beckham, aka Posh Spice, the wife of British soccer star David Beckham. The hot new elective surgical procedure among the stars is not the tummy tuck, breast augmentation, or liposuction. It's primary cesarean section, scheduled at maternal request, without medical indication. "**Cesarean Delivery on Maternal Request**" was the topic of an NIH State-of-the-Science conference held in late March. The conference was open to the public; over 800 people (including this sociologist) pre-registered. Convened by the NIH Office of Medical Applications of Research, the purpose of such conferences is to "produce evidence-based consensus statements addressing controversial issues in medicine important to health care providers, patients and the general public" (NIH Consensus Development Program, "Frequently Asked Questions," Office of Medical Applications of Research, Bethesda, MD). The NIH appointed a panel of independent, non-advocate individuals, including a lone "public" representative and a lone "patient" representative, and commissioned a systematic literature review prepared under contract with the Agency for Healthcare Research and Quality (AHRQ). For the sociologist, the two-and-half day conference was a goldmine of data on the social construction of knowledge, professional dominance, medicalization, agenda-setting and moral entrepreneurship.

Let's start with the frame: why this question and why now? There is no doubt that the cesarean delivery rate is increasing in the U.S. In 2004, 1.2 million births (29% of the total) were cesarean delivery, the highest recorded rate in the U.S. But is maternal request driving the escalating cesarean rates? There are no good data to answer that question. There is no diagnostic code for cesarean delivery by maternal request (CDMR), so researchers must, first, infer that a cesarean was elective, based on an absence of indications in the medical record, and, second, assume that the cesarean resulted from maternal request. As one presenter pointed out, neither birth certificate nor hospital discharge data include *any* measure of maternal opinion or preference, so it might be more appropriate to label such births "no indicated risk" or "medically elective" cesarean deliveries. (Even if we had a code for CDMR, it's an open question how accurately such a code would indicate true maternal preference—the obstetrician may play a large role in framing choices and shaping preferences.) Why not a conference on the rise of cesarean delivery? On the increasing inaccessibility of vaginal birth after cesarean (VBAC)? On the medicalization of *all* births, "normal" and otherwise? Or even just on "what women want" or what constitutes a "good birth"?

Next, let's consider the setting: a highly ritualized staging of professional dominance. The conference took place in the auditorium of the Natcher Conference Center on the NIH campus. The expert panel sat above the audience on a stage. The chair of the panel, Mary D'Alton, an obstetrician-gynecologist at Columbia University, carefully addressed her fellow physicians with the formal title "Doctor"; when a Ph.D. epidemiologist was called to present evidence, D'Alton introduced her as "Meera," first name only. Given this staging, it was hardly surprising when the interactions between the audience members, who were invited to address questions and comments to the panel, and the panel turned antagonistic. It is necessarily an adversarial process when one group is elevated to expert status and another group, who care passionately about the issue, is relegated to crashing the gates. In this case, the gate-crashing contingent was composed mainly of the "normal birth" community, a loose confederation of midwives, doulas, family practice docs and citizen advocates who regard birth as a normal, non-pathological process that requires minimal medical intervention. In other words, there was a large gulf between the assumptions of the expert panel—that vaginal birth was an inherently risky endeavor that even a woman deemed "low risk" might quite reasonably seek to avoid—and those of the audience—that cesarean delivery in a low-risk woman represented unnecessary medicalization and threatened severe adverse consequences for mother and baby alike. As one of the physician presenters acknowledged early on the first day (after being asked "Have you no shame, sir?" by a birth advocate in the audience), "This certainly is an emotional topic."

And what of the social construction of knowledge around this "emotional topic"? At the center of the consensus development process as envisioned by NIH is "the evidence." In this case, there is none. First, we do not know how many women request cesarean delivery; one maternal-fetal medicine specialist in the audience said that she got more requests from the media than from pregnant women. The only population-based survey to ask women their preferences directly, the Listening to Mothers survey, found one woman out of 1,300 who reported that she requested a cesarean delivery ("New national survey results from mothers refute belief that women are requesting cesarean sections without medical reason," Press Release, March 20, 2006, Childbirth Connection). Second, we do not know the consequences for women or newborns. As the AHRQ evidence report put it, "Virtually no studies exist on CDMR, so the knowledge base rests chiefly on indirect evidence from proxies possessing unique and significant limitations...The evidence is significantly limited by its minimal relevance to primary CDMR." In fact, "we just don't know" ought to have been the mantra of the conference. However, the matter of what we know and what we don't was often blurred and confounded. And it turns out (again not surprisingly) that there is wide disagreement about what evidence we should even be looking at. The panel was charged, narrowly, with examining the medical aspects of birth—which slanted its deliberations strongly in the direction of morbidity and mortality, excluding any measure of optimal outcomes or any consideration of the social, cultural and personal meanings and significance of birth.

Finally, let's consider the imagery presented at the conference. On the cover of the conference program and on the posters, the NIH used an image of a pregnant woman with the fetus (looking remarkably baby-like) in a classic vertex presentation in utero. The woman's arms, cradling her abdomen, discreetly cover her breasts. Her head is tilted down and to the side, as she gazes upon her abdomen. (That she has a head at all is noteworthy, as the typical depiction of the pregnant woman is headless.) Alas, only half the woman's face makes it into the borders of the image. She sees with one eye only, but as I thought to myself time and again during the conference, in the land of the blind, the one-eyed woman is queen.

To watch the webcast of the conference or to read the draft consensus statement, the conference program and abstracts, or the AHRQ Evidence Report, go to <http://consensus.nih.gov/2006/2006CSectionSOS027html.htm>.

BOOK RAFFLE SOLICITATION!

The time has come, once again, to consider donating a book to the Medical Sociology Book Raffle.

You may contribute your own (people often have extra copies of books they

have written) or extra copies of other people's books that you may have received. **PLEASE, CURRENT TITLES ONLY AND NO TEXTBOOKS.** Remember, these donations are going to a worthy cause: to provide support for the Leo G. Reeder and Roberta G. Simmons Awards. Please send your donated copies to: Sarah Burgard,

Raffle Chair, University of Michigan, Department of Sociology, 500 South State Street, Ann Arbor, MI 48109-1382. Any questions about potential donations, please contact me at burgards@umich.edu. Please send books by **August 1st** so I can transport them to the ASA meeting. Thank you for your generous support. ~Sarah Burgard

Go Abroad!

One mid-career opportunity I experienced a decade ago was with Alexandria University in Egypt: I spent 5 weeks on two health research projects with faculty from the High Institute of Public Health. My trip was subsidized by the Fulbright program. The mechanism is a scholar exchange program called the Fulbright Senior Specialists Program. These Fellowships comprise 2 – 6 week visiting fellowships with universities around the world and are great ways to realize international interests in your research. The way it works is this: if you have a colleague with mutual research interests at a university in a country with a Fulbright program, your colleague's department puts in a request to their local Fulbright office for a scholar request based on your mutual research interests. If it comes through, you (the designated scholar) are notified and you apply. These are nice things to do during a spring or summer break as they are shorter than the traditional full-year Fulbright program; and they facilitate international

collaborations. For more information, go to: http://www.cies.org/us_scholars/

Another opportunity: spend a year in Australia. The Commonwealth Fund sponsors Australian – American Health Policy Fellowships through The Packer Policy Institute. This program sponsors American mid-career health policy scholars for an exchange program in Australia. The Australian Government Department of Health and Ageing encourages Americans to visit and share approaches and expertise with Australian scholars. The Fellowships provide up to \$55,000 (AUD) for terms of six to ten months, with a minimum stay of six months in Australia required. Areas of interest for 2007-2008 are quality of care, public private health care systems, fiscal sustainability, investing in prevention, and health care workforce. The website is: http://www.cmfw.org/fellowships/fellowshi ps_show.htm?doc_id=340862.

The Commonwealth Fund also sponsors a

similar program in New Zealand. It is shorter (6 months) and is more generically for public policy researchers, but they have sponsored health services researchers as well. They are the Ian Axford (New Zealand) Fellowships in Public Policy and they give outstanding American professionals opportunities to study, travel, and gain practical experience in public policy in New Zealand. The website is: http://www.cmfw.org/fellowships/fellowshi ps_show.htm?doc_id=224679.

An opportunity in the U.S. for more junior researchers committed to an academic career is the Kellogg Community Health Scholars Program. This two-year fellowship trains scholars who have a doctoral degree in community-based participatory research at either Hopkins, Michigan, or University of North Carolina Schools of Public Health. It is a two-year commitment and the stipend is \$55,000 per year. For more information go to <http://www.sph.umich.edu/chsp/>.

Special Issue: Race, Socioeconomic Status, and Health in Life Course Perspective

Research on Aging announces a call for papers for a special issue on Race, Socioeconomic Status, and Health in Life Course Perspective to be guest edited by Scott M. Lynch of Princeton University. We invite papers utilizing a life course perspective combined with longitudinal data to assess the changing relationships among race/ethnicity, socioeconomic status, and health. Any health outcome—ranging from mental health outcomes to physical health and mortality—is appropriate, and we welcome papers using a variety of measures of socioeconomic status and race (including ethnicity) and diverse analytical methods.

Inquiries about this special issue may be directed to the guest editor, Scott M. Lynch, Department of Sociology, Princeton University, Princeton, NJ 08544 (email: slynch@princeton.edu).

Submissions should be sent to: Angela M. O'Rand, Editor, *Research on Aging*, Department of Sociology, Box 90088, Duke University, Durham, NC 27708. The deadline is **January 15, 2007**, although submissions before that date will receive immediate attention.

Student News & Views

by Claudia Chaufan

So what now?

"Are you sure you want to offer this to me? I know about health, illness, medicine...not family violence..." He nodded and said that everything was "organized"—readings, guest speakers—and that my role would be largely "administrative." And that everybody, especially the 60 students who had already enrolled, would be grateful if I accepted, and would forgive me any imperfections.

Let me back up a bit. Here I was, about to

begin my last quarter as a graduate student, I had no job (I got zero offers from my three campus visits), and I was wondering, "So what now?" A few days before the beginning of the quarter, the chair of my department was telling me that the designated instructor for Sociology of Family Violence had pulled out at the last minute and that it would be great if the department didn't have to cancel the class—hence, how about if I did it? "But teach family violence? Me?" All I knew about

the topic came from reading the newspaper and being in a world where violence was a daily staple. And I had sweated for *months* to come up with a satisfactory course in health and medicine, and I considered myself well versed in that area. What could I plan in *four days*?

On the other hand, I think of myself as a teacher of sociology (very soon with my union card!), and I think of sociology as a

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Visit the ASA Medical Sociology Website at <http://dept.kent.edu/sociology/asamedsoc/>

A Publication of the Medical Sociology Section of the ASA

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Student News & Views

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powerful tool to understand just about anything relevant to the human condition. True, I had other plans for the spring: prepare something for publication, so that I would be more "marketable" the next time I went hunting for a job—yes, I have learned that "publish or perish" is no joke. But I've also learned how important it is to have independent teaching experience (sorry fellow grads, however hard you've worked as teaching assistants, it has barely given me an edge in the "real world"). Most importantly, I love to teach. And I love to teach sociology, this powerful perspective I've developed throughout all of these years as a sociology student myself. And sooner or later I had to get started; now was as good as any other moment, especially since other opportunities did not abound. So I accepted the offer and told myself that I would take it as a full-time job (although the pay is not). And proceed one step at a time.

I'll make a long story short. There was barely anything "organized" —no "guest speakers,"

only a list of books and readings, and good intentions. I locked myself up that weekend (I thank my husband and son for their support and patience...), skimmed the readings, rewrote the syllabus, and began to hunt for community leaders who would be willing to come talk to my students. I showed up the first day and announced to my students that our task would be to develop the sociological imagination and use it to understand family violence, and that given my circumstances, our learning would be collaborative (brief lectures and lots of discussions of the readings). Throughout the quarter, I did research to acquire (very quickly!) a sense of the "field" and of the main authors and approaches, and to expand the content of the readings that had been "pre-selected" for me. As I delved into the history of women's rights (or lack thereof) and of legislation pertaining to the family, the sociological imagination showed me how the biographies of "victims" and "perpetrators" could only be understood in light of the history of oppressive social institutions that

Pharmaceuticals and Society: Critical Discourses & Debates

Proposals are invited for the 14th monograph in the series to be published by *Sociology of Health and Illness* in conjunction with Blackwell Publishers. The monograph (co-edited by Simon Williams, Jonathan Gabe, and Peter Davis) will explore critical discourses and debates (within medical sociology and allied disciplines) on the meaning, role, and function of pharmaceuticals in society.

Potential contributors should send an outline proposal of up to 800 words by **November 30th 2006** to Simon Williams, Dept of Sociology, University of Warwick, Coventry, CV4 7AL, United Kingdom; e-mail: s.j.williams@warwick.ac.uk; fax: (+ 44 (0)24 7652 3497). The outline should provide a realistic indication of the content of the proposed article in a structured form and, if reporting an empirical study, include (1) major hypothesis or research question (2) methods (3) data source(s) (4) findings and (5) conclusions. Name and institutional affiliation of author(s) should also be supplied, including full contact details of the main author.

A Note of Thanks and a Call for a New Student Editor

We wish to thank Claudia Chaufan for her excellent columns as Student Editor, 2005-2006. We will begin our search for a new Student Editor this summer. If you wish to be considered for the position, please contact the Editor, Robin Moremen, at rmoremen@niu.edu by **7/28/06**. **Best wishes, Claudia!**

perpetuate myths about, and legitimize, who has what kind of power over whom.

I am about to teach my last class in two days. I've thoroughly enjoyed the work, I've led the best discussions of my teaching career, my students seem very happy (I've used lots of anonymous feedback and "one minute papers" at the end of each meeting), and I've learned hugely from the challenge. I've also received several offers to teach next year at home and on my campus (same town!). And I am about to make it to the finish line!

Thank you for the opportunity to share my musings with you as a "non-traditional" graduate student. I hope that the mix of excitement, uncertainty, and privilege that I feel about having acquired this powerful tool (the sociological imagination) at this stage of my life was interesting to you. I hope I will meet many of you in Montreal this summer!