

Medical Sociology Newsletter

VOLUME 43, ISSUE 3

SPRING 2007

A Publication of the Medical Sociology Section of the ASA

Vote for Section Officers in Upcoming Election

Chair Elect

Janet Hankin
Wayne State University
Mark Tausig
University of Akron

Council Member at Large

Donald A. Lloyd
Florida State University
Jason Schnittker
University of Pennsylvania

Student Council Member at Large

Sharon Bzostek
Princeton University
Cheryl Stults
Brandeis University

Chair Elect, Nominations Committee

Robin W. Simon
Florida State University
William C. Cockerham
University of Alabama at Birmingham

Nominations Committee

Sabrina B McCormick
Michigan State University
Stefan Timmermans
UCLA

Student Member of Nominations Committee

Adria Natalia Armbrister
Columbia University
Elaine M. Hernandez
University of Minnesota

Chair, Teaching Committee

Rachel Tolbert Kimbro
University of Wisconsin-Madison
John Taylor
Florida State University

Chair, Career & Employment Committee

Karen Lutfey
New England Research Institutes
Sara Shostak
Brandeis University

Chair, Publications Committee

Elizabeth M. Armstrong
Princeton University
Michael Hughes
Virginia Polytechnic Institute and State University

Reminders:

- *MSN Summer Deadline:*
June 8, 2007
- *2007 ASA Annual Meeting:*
August 11-14, 2007
New York, New York
- *2008 ASA Annual Meeting:*
August 1-4, 2008
Boston, Massachusetts



Inside this issue:

Calls for Awards	2
Health Policy Column	3
Career/Employment	4-5
Teaching Tips	6-7
Officers	8
Louise Johnson Call	8

CALLS FOR AWARD NOMINATIONS

LEO G. REEDER AWARD The Medical Sociology Section invites nominations for the 2008 Leo G. Reeder Award. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity and encompassing theory and research. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit letter of nomination and the nominee's curriculum vitae to Chloe Bird, via email and snail mail. Please email letter and curriculum vitae to: Chloe_Bird@rand.org. Also, please snail mail letter and curriculum vitae to: Chloe Bird, RAND Corporation, 1776 Main Street, P.O. Box 2138, Santa Monica, CA, 90407-2138. Deadline is **August 1, 2007**.

ROBERTA G. SIMMONS AWARD Nominations (self-nominations are acceptable) are being accepted for The 2007 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. Eligible candidates for this award must have defended their doctoral dissertations within the two academic years prior to the annual meeting at which the award is presented. To be considered for the 2007 award, the candidate should submit an article-length paper (sole-authored), not to exceed 30 double-spaced pages (11- or 12-pitch font), inclusive of references. This paper may have been previously published, in press, or under review. Submissions may be sent by e-mail as Word documents. Hard copies (please send 5 copies) will also be accepted. Deadline for receipt of submissions is **June 15, 2007**. Send nominations to: Joanna Kempner, 263 Wallace Hall, Princeton University, Princeton, NJ 08544-2091, jkempner@princeton.edu.

ELIOT FREIDSON OUTSTANDING PUBLICATION AWARD The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2007 award will be given to a **scholarly article in a journal** published between **2005** and **2006**. The article may deal with any topic in medical sociology, broadly defined. It need not be published in a sociology journal. Co-authored articles are appropriate to nominate; book chapters are not eligible. When making your nomination, please indicate (however briefly) the reason for the nomination. Include a copy or reprint of the article if available. Self-nominations are permissible and encouraged. Nomination letters are to be sent by **May 1, 2007** to: Professor Maxine Thompson, Sociology and Anthropology Department, North Carolina State University, Box 8107, Raleigh, North Carolina 27695-8107. Nominations may also be emailed to maxinet@sa.ncsu.edu with the subject line: Freidson Award Nomination. Please attach a copy of the article as an attached document or provide a full reference to the article.

The Consumer Directed Health Care Revolution

Jill Quadagno & J. Brandon McKelvey
Florida State University

Over the past decade a consumer-directed health care (CDHC) revolution has begun. Its key objectives are to transform patients into consumers and make the purchase of medical services similar to other market goods. Its key principles are personal choice, individual ownership, and free market competition (Moffit and Owcharenko 2006). Its underlying logic is based on the premise that health insurance encourages wasteful consumption by shielding patients from the actual costs of medical care (Gladwell 2005). By this logic, the only way to reduce expenditures is to make patients pay more for medical services. If patients pay more for care, they will shop more carefully and “purchase” only those services that they really need or are of proven value.

The main policy option for increasing consumer responsibility is the Health Savings Account (HSA) coupled with a high deductible health plan (HDHC). HSAs were instituted on an experimental basis with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Hacker 2006). An HSA for Medicare beneficiaries was also included in the Balanced Budget Act of 1997 (Jost 2006). Although neither measure stimulated public interest, HSAs coupled with high deductible health insurance plans were included in the Medicare Modernization Act (MMA) of 2003 (Jost and Hall 2005). The MMA allowed employers or employees to contribute funds to an HSA up to the amount of the deductible, originally limited to \$2,250 for an individual and \$4,500 for a family. Finally, the Health Opportunity Empowerment Act, enacted in the waning hours of the Republican-controlled Congress, raised the allowable HSA contributions for individuals and families, gave employees the right to roll over funds from other types of employer health spending accounts into HSAs, and permitted a one-time transfer of funds from Individual Retirement Accounts (IRAs) into HSAs (U.S. Department of the Treasury 2006).

HSAs first became available in January, 2004. Although relatively few people currently have HSA/HDHC policies, most of the five thousand insurance plans from 150 different companies offered by eHealthInsurance.com include HSA/HDHC plans. Employers have also begun to offer employees an HSA option in their benefit packages. Between 2005 and 2006 the percentage of employers offering these plans increased from 2% to 6% (Kaiser Family Foundation 2006a).

What is revolutionary about HSAs is their tax treatment. Contributions to the HSA are made with pre-tax dollars. Funds held in HSA accounts can be invested in various vehicles such as stocks and bonds, and earnings from the investments accumulate on a tax free basis. Withdrawals from the account also are exempt from taxes as long as they are used to pay medical expenses (Park and Greenstein 2006).

This arrangement, in which contributions, earnings and withdrawals are not taxed, has no precedent in the tax code. Further, unlike traditional IRAs, there are no income limits on who is allowed to contribute. This gives wealthier people a new tax shelter, an especially attractive option for individuals who reach the maximum on their IRA or 401k plans or who are ineligible to contribute to an IRA because their income exceeds the limit.

What implications does the shift toward CDHC have for the health care system? Will it reduce health care costs and thus, according to advocates, expand coverage? Evidence suggests that people do consume less health care when they pay a portion of the costs (Newhouse 1993). The problem is that most patients have no way of knowing in advance which care is useful and which is wasteful and often reduce useful care and unnecessary care equally (Gladwell 2005). As a Kaiser Family Foundation (2006b) survey confirms, compared to people in traditional plans, enrollees in HSA/HDHC plans are less likely to fill a prescription, more likely to skip a recommended test, and more likely to say they went without medical care. Further, nearly two-thirds of the recent rise in health care spending is not due to wasteful consumption by individuals but rather to an increase in treated disease prevalence and innovations in medical care (Thorpe 2005).

It is critical to understand the nature of the CDHC revolution, because it is already transforming the health care system in ways that have significant distributional consequences and that will affect quality, cost and access in the coming decades.

References:

- Gladwell, Malcolm. 2005. “The Moral-Hazard Myth: The Bad Idea Behind Our Failed Health Care System.” *The New Yorker*, August 8, pp. 1-10.
- Hacker, Jacob. 2006. *The Great Risk Shift*. New York: Oxford University Press.
- Jost, Timothy S. 2006. “Our Broken Health Care System and How to Fix It: An Essay on Health Law and Policy.” *Wake Forest Law Review* 41 (2):537-618.
- Jost, Timothy S. and Mark Hall. 2005. “The Role of State Regulation in Consumer-Driven Health Care.” *American Journal of Law and Medicine* 31:395-418.
- Kaiser Family Foundation. 2006a. *Employer Health Benefits: 2006 Survey of Findings*. Menlo Park, CA: Henry J. Kaiser Family Foundation.
- Kaiser Family Foundation. 2006b. *National Survey of Enrollees in Consumer-directed Health Plans*. Menlo Park, CA: Kaiser Family Foundation.
- Moffit, Robert and Nina Owcharenko. 2006. “Understanding Key Parts of the Massachusetts Health Plan.” WebMemo #1045. The Heritage Foundation, April 20, 2006.
- Newhouse, J.P. 1993. *Free for All?: Lessons from the RAND Health Insurance Experiment*. Cambridge, MA: Harvard University Press.
- Park, Edwin and Robert Greenstein. 2006. “Latest Enrollment Data Still Fail to Dispel Concerns about Health Savings Accounts.” Center on Budget and Policy Priorities, Jan. 30, 2006.
- Thorpe, Kenneth E. 2005. “The Rise in Health Care Spending and What To Do About It.” *Health Affairs* 24 (6):1436-1445.
- U.S. Department of the Treasury. 2006. “Health Savings Accounts HSAs.” <http://www.ustreas.gov/>.

This article is based on a paper presented at the conference at the University of Texas School of Law. Contact Jill Quadagno for the full version of the article: jquadagno@fsu.edu.

Career & Employment

Carol Caronna and Deborah Glik

In this issue, our column focuses on career and employment opportunities in the for-profit sector of U.S. health and medical care. Although this sector may not be the obvious place for medical sociologists to look for jobs, there are a number of opportunities for social scientists in large investor-owned HMOs, social cause marketing and public relations companies, and other areas such as pharmaceutical companies. We give examples of jobs in **HMOs and Marketing** firms in this issue.

HMO's

Large for-profit HMOs include Aetna, Blue Cross (some subsidiaries), Cigna, Health Net, Pacificare, UnitedHealth Group, and WellPoint. To look for jobs in these companies, we went to each HMO's homepage and navigated to the Careers section. All of these websites are set up in similar ways. The search engines for careers generally include the "job family" or "job type" such as Actuarial, Business Support, Executive, Public Affairs, and Reporting & Data Analysis (taken from the WellPoint search engine). We found that it was easier to use keyword searches than to look for jobs in the specific "families." The keywords that worked well for medical sociology jobs were: sociology, social science, policy, regulatory, government, data, analyst, and legal.

Some positions related to medical sociology that we found included:

Aetna: Senior Manager Public Policy, Office of Public Policy, Government Affairs and Communications. Responsibilities: preparing background and position papers, working with Aetna's Public Policy Advisory Committee, and monitoring and analyzing state and federal policy initiatives. Requirements: a master's or doctorate in public policy/public administration, business, law, public health, economics, or related fields, and 3-5 years of academic or professional experience in health care policy.

Blue Cross: Clinical Systems Analyst. Responsibilities: analyzing clinical processes through operational databases, helping to automate clinical requirements, preparing strategic planning and operational reports, and database maintenance. Requirements: a master's degree and experience in database management.

Blue Cross: Health Promotion Administrator. Responsibilities: coordinate tactical implementation and vendor management for the HMO's population health programs for prevention and reduction of health risk factors, oversight of consumer information tools directed to members making lifestyle choices and healthcare decisions in all markets. Requirements: a master's degree (MS, MPH) and experience in a related field.

Health Net: Cultural and Linguistic Specialist. Responsibilities: maintaining Health Net's compliance with

regulations and contractual obligations pertaining to culture and linguistics within state health programs and commercial and Medicare product lines, and ensuring that culturally and linguistically appropriate services are provided to Health Net members. Requirements: a master's in cultural anthropology, medical anthropology, public health or related field, and 5 years of experience in government programs.

Health Net: Victim Advocates. Responsibilities: providing a resource for immediate and ongoing intervention and support to victims of domestic abuse. These positions were on military bases and operated under Department of Defense policy. Requirements: bachelor's in social work, sociology, criminal justice, or other social science field, and a minimum of 1 year experience in domestic violence, crisis intervention, safety assessments, and case management.

UnitedHealth Group: Government Relations Manager. Responsibilities: working with state agencies on contract requirements for Medicaid health plans, reviewing and analyzing legislative bills, attending legislative committees, and participating in state agencies. Requirements: a bachelor's degree (master's preferred) in political science or a health-related field, and a government background such as legislature, law education, or non-profit health care.

UnitedHealth Group: Data Manager, Medical Economics department. Responsibilities: analyzing and interpreting data, "taking raw data and turning it into action," and evaluating the effects of new healthcare models, technology, drugs, and processes. Requirements: a bachelor's degree (master's preferred) and experience working with large healthcare data sets.

UnitedHealth Group: Grants Manager, Community and Philanthropic Affairs department. Responsibilities: planning and executing key foundation operations, managing the UnitedHealth Foundation's daily operations, and awarding grants to improve health outcomes through community and non-profit organizations. Requirements: a bachelor's degree and a working knowledge of legal and regulatory issues.

WellPoint: Data Analysis Consultant, Clinical Analytical Strategies team. Responsibilities: evaluating and monitoring national trends in pharmacy cost spending, pharmaceutical outcomes research, clinical program strategy consultation, and evaluation of program outcomes and policy impact. Requirements: a master's or doctorate in biostatistics, health services research, epidemiology, or a related field, and 3 to 5 years of experience in clinical analytics, pharmcoeconomics, or health outcomes research.

WellPoint: Health Outcomes Research Intern at HealthCore, Inc., an independently-operating health outcomes research firm owned by WellPoint. Candidates for

(Continued on page 5)

(Continued from page 4)

the position will be selected from a national pool of graduate students currently working toward a research degree (e.g. MS, MPH, PhD, and/or ScD). The paid internship at HealthCore's Wilmington, DE office will be 12 to 14 weeks long and will provide interns with broad exposure to research conducted in a for-profit setting to evaluate the "real world" clinical, economic, and humanistic value of various health care interventions.

MARKETING AND PUBLIC RELATIONS

Health communication comprises a growing field for people trained in the social sciences and health. Specifically there are many for-profit marketing and public relations companies that get contracts from government, non-profits, voluntary agencies, as well as large corporations, to conduct social cause marketing campaigns. However, as these are for-profit companies, employees typically must perform a range of duties which can mean overseeing sales campaigns for drug and health products for both consumers and health care providers. Thus, if one is not too squeamish about joining corporate America, there are lots of opportunities in this field. Most of the jobs are to oversee campaigns. However, one aspect of marketing campaigns today, and why those trained in the social sciences could be competitive for some of these jobs, is the reliance of these companies on the collection and analysis of marketing data. Many of these positions, especially at the senior level, do require knowledge of qualitative data collection and quantitative survey research, both to understand population tastes and preferences, as well as to assess campaign progress and success. There are also a few jobs for research, which mainly means conducting surveys and focus group interviews. The other skill that all of these companies covet in their job ads is the ability to write well. Marketing and public relations companies include Daniel J. Edelman, Inc., Porter Novelli, and Fleishman Hillard, all international companies.

Many of the companies surveyed offer internships. For example, Fleishman-Hillard offers college juniors, seniors, or recent college graduates the opportunity to learn about public relations from some of the industry's leading experts. Fleishman-Hillard's internship program involves all types of projects, including research, writing, event coordination and staffing, media pitching, and brainstorming. According to their website, "past interns have found that they receive great work experience and solid professional training."

Some positions related to medical sociology that we found included:

Daniel J. Edelman, Inc.: Health Care Account Supervisors. Responsibilities: supervising large client accounts from the health care field, playing a major role in research, planning, and development of comprehensive

public relations campaigns. Requirements: knowledge of all facets of public relations and marketing, "superior" writing skills, understanding marketing data, 4 to 7 years of experience, and a bachelor's degree.

Daniel J. Edelman, Inc.: Senior Account Supervisor in Health Care. Responsibilities: counseling clients' top executive management on public relations and marketing issues, planning, organization and client profitability; total financial responsibility for a specific set of accounts including forecasting and account profitability; creating new accounts, and managing junior staff. Requirements: superior communication skills, an understanding of basic research techniques and methodologies, understanding audience research, 5-8 years of relevant experience, and a bachelor's degree.

Fleishman-Hillard: Senior Account Executive for Health Consumer Marketing. Responsibilities: developing public relations strategies for leading consumer brand and healthcare companies, media relations, developing/editing media and client documents, working with senior team members on campaigns. Requirements: 3-5 years of public relations experience working with consumer brands/products; experience in the packaged goods, household consumer goods, food, or healthcare areas, and writing skills.

Fleishman-Hillard: Senior Research Specialist. Responsibilities: assisting senior counselors with primary research projects, daily monitoring and reporting on news coverage for major clients and media analysis, and conducting ad hoc secondary research projects, including blog monitoring reports, media analyses, and other competitive intelligence projects on behalf of internal and external clients. Requirements: a Master's degree in Market Research, Marketing or applicable business field, excellent writing skills, exceptional statistical, analytical and critical thinking skills, and two years of experience.

Porter Novelli: Account Supervisor (could be for health accounts). Responsibilities: being the day-to-day steward of the PR agency-client relationship, managing account planning, implementation, and reporting, supervising marketing communications, research, writing, strategic planning, client programs, media relations, and budgeting. Requirements: 5-7 years of experience in health or health care public relations and a bachelor's degree.

Peter Novelli: Senior Vice President for health care. Responsibilities: building and retaining account management teams, participating in agency management, and taking an active role in working with the health care division to ensure that the health care division is perceived positively by current/potential clients. Requirements: 10 years of public relations experience, other relevant health care account experience, such as medical education or medical advertising, pharmaceuticals, and/or consumer health.

Teaching Tips

Gloria Jones-Johnson, Iowa State University

Liberal Learning and the Sociology Major (Eberts et al. 1990) and the updated version of *Liberal Learning* (McKinney et al. 2004) provide 13 recommendations for the undergraduate curriculum that stress the importance of assessing student learning and a coherent and cumulative curriculum in developing a solid undergraduate major in sociology. Kain (2007) used content analysis of college catalogs from 100 institutions to evaluate implementation of the recommendations from *Liberal Learning and the Sociology Major* to assess the extent to which these recommendations had been adopted a decade after the report (by the year 2000). His results are mixed in terms of the implementation of recommendations in *Liberal Learning*. From a negative view, Kain found that there seems to be limited implementation of active learning strategies, and issues of race/class/gender as well as international focus seem broadly integrated across the curriculum. On the positive side, he found that there appears to be significant progress in increasing sequencing in the major, particularly in terms of the implementation of some sort of capstone experience.

To address the negative aspect of Kain's (2007) results, I suggest that students in upper-level courses in medical sociology be required to read Volumes 1-3 of *The Social Medicine Reader*, and be provided with active learning assignments that enable them to relate these readings to real world experiences. The individual readings in Volumes 1 & 2 can be used together to create a more complete picture of the issues being addressed throughout the course. *The Social Medicine Reader* (2nd edition, 2005), Volume 1, addresses: Patients, Doctors, and Illness; and Volume 2 addresses: Social and Cultural Contributions to Health, Difference and Inequality. Both volumes are edited by Nancy M.P. King, Ronald P. Strauss, Larry R. Churchill, Sue E. Estroff, Gail E. Henderson, and Jonathan Oberlander. The first volume is an interesting compilation of essays, poetry, and case studies and discusses topics such as suffering, medical goals, diabetes, health care ethics, end-of-life issues, and the complex nature of the doctor-patient relationship. Many of the essays are written from the personal perspective of the author, such as dealing with a tough diagnosis, or being told different things by different medical professionals. The second volume is divided into three separate parts. Part 1 consists of narrative and ethnographic essays that address the subjective experience of illness and inequality. However, Parts 2 and 3 include narrative and ethnographic selections that deal with issues such as racial profiling by physicians, experiences of a long-term family caregiver, among other topics. Part 2 deals with the social structural origins (i.e. class, race, and gender) of illness, while Part 3 raises the importance of examining the family's role in

illness and disability experiences and inequalities. *The Social Medicine Reader* Volumes 1 & 2 could ignite provocative, in-depth class discussion about issues in the field of social medicine.

A valuable addition to advanced undergraduate courses in health care and health care policy would be *The Social Reader* (2nd edition, 2005), Volume 3: Health Policy, Markets, and Medicine. It is the third volume of the second edition. The volume contains 21 essays that deal with issues in health care policy and economics, such as the uninsured, national health insurance, the impact of payment systems on health care delivery, managed care, and managed care petition systems. The essays are by distinguished authors from the field of political science, economics, history, and bioethics, and are relevant to current issues, problems, and debates concerning the financing and delivery of medical care in the U.S. Unfortunately, *The Social Medicine Reader*, Volume 3 does not include any work by medical sociologists. The volume could be supplemented by articles from medical sociologists such as Donald Light, David Mechanic, and Jill Quadagno, who have written extensively on the subjects emphasized in the volume. In particular, David Mechanic (2006) *The Truth About Health Care: Why Reform is Not Working in America* examines the strengths and weaknesses of our system, and the myriad economic, professional and political interests over those of patients. In addition, the book by Jonathan Engel, *Poor People Medicine: Medicare and American Charity Since 1965* (2006), the year in which Medicare and Medicaid were signed into law, would provide a rich complement to Volume 3 of *The Social Medicine Reader*. It's an invaluable resource for understanding the present state of programs to deliver care to America's poor. The recommendations of the *Liberal Learning* report need to be incorporated into the sociology curriculum.

Active Learning Assignments

1. Students could be required to write a reflection paper or a journal based on reading the poems about receiving "bad news" from a medical professional, and diabetes, which are things that many students may have experienced in their own lives or have seen within their families or among their friends.
2. Students could be required to interview a person of color (Hispanic, Asian, African American, Native American), a white female, a white male, and a non-U.S. citizen about their experiences with doctors, insurance providers, diagnosis and treatment of disease, and role of the family in their treatment. In writing up their

(Continued on page 7)

(Continued from page 6)

interviews, students should discuss how inequalities in experiences with the health care system are linked to race, class, gender, nationality, and other relevant social categories.

3. Students could write a research paper (10 pages) in which they compare the U.S. health care system with one industrialized and one non-industrialized country. The papers could focus on the topic of health care ethics, health care delivery, or health care financing. Students would be required to present their findings to the class in an oral presentation. This could be an individual or small group (2-3 persons) exercise.
4. An in-class exercise could ask students to generate a list of positive and negative ways that health care policy, health care delivery, and health care financing differentially impact people by race, class, gender, nationality, and religion. Students could then develop a list of policy recommendations to solve these problems.

For an excellent book review of *The Social Medicine Reader*, Volumes 1-3, see Carrie E. Foote-Ardah (2007) for Volumes 1 & 2, and William P. Gronfein (2007) for Volume 3, in *Teaching Sociology* 35(1) pages 94-99.

References

- Eberts, Paul, Carla B. Howery, Catherine White Berheide, Kathleen Crittenden, Robert Davis, Zelda Gamson, and Theodore C. Wagenaar. 1990. *Liberal Learning and the Sociology Major*. Washington, DC: American Sociological Association.
- Kain, Edward. 2007. "The Sociology Major at Institutions of Higher Education in the United States." *Teaching Sociology* 35(1):31-47.
- McKinney, Kathleen, Carla B. Howery, Kerry J. Strand, Edward L. Kain, and Catherine White Berheide. 2004. *Liberal Learning and the Sociology Major Updated: Meeting the Challenge of Teaching Sociology in the Twenty-First Century*. Washington, DC: American Sociological Association.

Member News

Bill Avison, Jane McLeod, and Bernice Pescosolido have just published a new book, *Mental Health, Social Mirror*. While mental health figured prominently in the writings of classical sociologists, contemporary sociologists often view research on mental health as peripheral to the "real work" of the discipline. The essays in this volume reassert the centrality of research in mental health to sociology. First, they articulate the contributions that mental health research has made and can make to resolving key theoretical and empirical debates in important areas of sociological study. Second, they draw from mainstream theories and concepts to reconsider the potential of sociology to provide answers to critical questions regarding the social origins of and social responses to mental illness. As reflected in the title, the sociological study of mental health provides a reflection of the central processes that characterize our society.

Mental Health, Social Mirror, edited by William R. Avison, Jane D. McLeod, and Bernice A. Pescosolido (2007). New York: Springer Publishing.

A Publication of the Medical Sociology Section of the ASA

Section Officers**Chair**

R. Jay Turner, Ph.D.
 Marie E. Cowart Professor of
 Sociology and Epidemiology
 Center for Demography and
 Population Health
 Florida State University
 Tallahassee, FL 32306-2240
 Phone: 850-644-3108
 Email: jturner@fsu.edu

Center of Health Services Research in
 Primary Care
 2103 Stockton Blvd.,
 Grange Building, Suite 2224
 University of California, Davis
 Medical Center
 Sacramento, CA 95817
 Phone: 916-734-2367
 FAX: 916-734-2349
 Email: dpaterniti@ucdavis.edu

Chair-Elect

Chloe Bird, Ph.D.
 RAND, Health Unit
 1776 Main Street
 P. O. Box 2138
 Santa Monica, CA 90407-2138
 Phone: 310-393-0411
 FAX: 310-260-8159
 Email: chloe@rand.org

Newsletter Editor

Robin D. Moremen, Ph.D.
 Department of Sociology
 Northern Illinois University
 DeKalb, IL 60115
 Phone: 815-753-6439
 FAX: 815-753-6302
 Email: rmoremen@niu.edu

Secretary-Treasurer

Debora Paterniti, Ph.D.

Student Newsletter Editor

TBA

The Journal of Long Term**Home Health Care**

is interested in articles of about 20 pages that are focused on any aspect of health care and social issues as they pertain to the elderly. Manuscripts may include position papers, reports of research studies, case reports, analyses of government policy, descriptions and/or evaluations of agencies, programs, and not-for-profit organizations serving any component of the aged population. Papers that offer detailed discussions of a topic, forecast developments, or provide readers with enhanced perspective are particularly welcome. The Journal also considers for publication commentaries on previously published articles, book and media reviews, etc. The readership of the Journal consists of physicians, nurses, social workers, social scientists, and others who work directly with older persons, as well as managers and staff of not-for-profit and government agencies serving the elderly. Author queries should be directed to DRPWB@aol.com or forwarded by mail to: F. Russell Kellogg, MD, Editor, or Philip W. Brickner, MD, Managing Editor, Saint Vincent's Hospital-Manhattan, Department of Community Medicine, 41-51 East 11th Street, 9th Floor, New York, NY 10003.

Students – Apply to be the 2007 Louise Johnson Scholar!

The Medical Sociology Section will choose a student member of the section to be the 2007 Louise Johnson Scholar. The scholar will receive travel funds up to \$350 to present at the annual ASA meeting in New York City and to attend section events. The scholar will be chosen based on academic merit and the quality of an accepted ASA paper related to medical sociology.

Papers with faculty co-authors are ineligible. Applications are due on **May 15, 2007**. To apply, send: 1) a copy of your acceptance notification to present at the 2007 ASA meeting, 2) a copy of your paper, 3) your CV, and 4) a letter of recommendation from a professor who can write about your academic merit. Submissions may be sent by e-mail as Word documents or PDFs. Hard copies will also be accepted. Applications should be sent to: William R. Avison, Department of Sociology, Social Science Centre, The University of Western Ontario, London, Ontario, Canada, N6A 5C2. E-mail: wavison@uwo.ca

The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mt. Sinai School of Medicine and a former colleague of Louise Johnson.