

Medical Sociology Newsletter

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McKinlay Receives 2008 ASA Distinguished Career Award for the Practice of Sociology

John McKinlay is an internationally prominent medical sociologist who has made landmark contributions to public health, epidemiology, medical training, clinical decision making, and health policy through his research which has been conducted both within and outside the academy. He is a prolific scholar who has authored, co-authored, or edited more than 250 professional papers and 17 books. He is an intellectual giant with over three decades of seminal articles in public health and clinical health care in which he has applied sociological theory to identify knowledge gaps, form research questions, and interpret results. John also received the Leo J. Reeder Award for Distinguished Contributions to Medical Sociology in 1995. The ASA happily bestows the 2008 Distinguished Career Award for the Practice of Sociology to John B. McKinlay. Thanks go to Virginia Aldige for bringing this news to the attention of the Section.

Reminders:

- *MSN Summer Deadline:*
June 6, 2008
- *2008 ASA Annual Meeting:*
August 1-4, 2008
Boston, Massachusetts
- *2009 ASA Annual Meeting:*
August 8-11, 2009
San Francisco, California



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**Don't Forget to Vote for Section Officers!!
See Candidate Slate on Page 2.**

Medical Sociology Section 2008 Slate of Candidates

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CALLS FOR AWARD NOMINATIONS

LEO G. REEDER AWARD The Medical Sociology Section invites nominations for the 2009 Leo G. Reeder Award to be awarded at the 50th Celebration of the Medical Sociology Section. This award is given annually for "Distinguished Contribution to Medical Sociology." This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity 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 Janet Hankin, Chair Elect of the Medical Sociology Section, at janet.hankin@wayne.edu. While email is preferred, you may also mail the nomination letter and vitae to Janet Hankin, Department of Sociology, Wayne State University, 656 W. Kirby, 2228 F/AB, Detroit, MI 48202. Deadline is **June 1, 2008**.

ROBERTA G. SIMMONS AWARD Nominations are being accepted for the 2008 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. Self-nominations are acceptable. Eligible candidates must have defended their doctoral dissertations within the two academic years prior to the annual meeting at which the award is made. To be considered for the 2008 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 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 or PDF documents. Hard copies (please send 5 copies) will also be accepted. Deadline for receipt of submissions is **June 13, 2008**. Send nominations to: Jason Schnittker, Department of Sociology, University of Pennsylvania, 3718 Locust Walk, Philadelphia, PA 19104-6299, or jschnitt@ssc.upenn.edu.

Career & Employment

Sara Shostak

Inspired by the many successful grant writing efforts of my friends and colleagues this year, I present below a list of funding opportunities for medical sociologists. I recognize that this list is partial and hope that it will provoke a conversation about other important sources of funding.

FOUNDATION FUNDING

Grantmakers in Health [http://www.gih.org/]

Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Its mission is to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness. For a comprehensive listing of all the organizations that participate in GIH, use the following link: http://www.gih.org/link_no_cat2664/link_no_cat.htm?requesttimeout=500. Among their members are many state or city specific foundations (California Endowment; Blue Cross Blue Shield of MA, MI, MN, NC RI, etc.; Chicago Community Trust; Health Foundations for specific states; and Lucile Packard Foundation for Children's Health).

Below, I list a variety of foundations whose foci are not regionally specific.

Robert Wood Johnson Foundation [http://www.rwjf.org/]

The Robert Wood Johnson Foundation seeks to improve the health and health care of all Americans. Its efforts focus on improving both the *health* of everyone in America and their health *care* – how it is delivered, how it is paid for, and how well it does for patients and their families. Among their priority issues are Health Insurance Coverage, Childhood Obesity, Public Health, Quality/Equality, and Vulnerable Populations.

The Henry J. Kaiser Family Foundation [http://www.kff.org/]

The Kaiser Family Foundation is a non-profit, private operating foundation that focuses on the major health care issues facing the U.S., with a growing role in global health. Kaiser develops and

runs its own research and communications programs, but is open to partnerships with other non-profit research organizations or major media companies. Focal areas include Medicaid/SCHIP, Medicare, Costs/Insurance, Uninsured/Coverage, State Policy, Prescription Drugs, HIV/AIDS, Minority Health, Women's Health Policy, Media Studies.

W.K. Kellogg Foundation [http://www.wkcf.org/]

The mission of the W.K. Kellogg Foundation is to support children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. In 2007, the Foundation prioritized grantsmaking in the areas of family assets and income; community assets; education and learning; food, health and wellbeing; and philanthropy and civic engagement. Grants are awarded in the United States, Latin America and the Caribbean, and southern Africa

The John D. and Catherine T. MacArthur Foundation [http://www.macfound.org/]

The John D. and Catherine T. MacArthur Foundation is a private, independent grantmaking institution dedicated to helping groups and individuals foster lasting improvement in the human condition. It has both national and international grants portfolios, with many health related foci, including Community and Economic Development, Mental Health, Population and Reproductive Health, and Human Rights and International Justice).

The David and Lucile Packard Foundation [http://www.lpfch.org/]

The David and Lucile Packard Foundation provides grants to improve the lives of children, enable the creative pursuit of science, advance reproductive health, and conserve and restore earth's natural systems. Its funding portfolio is both national and international, and it also has special funds for specific areas of historic importance to the Packard family.

(Continued on page 5)

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GOVERNMENT GRANTS MAKING

The clearinghouse site for federal funding is [<http://www.grants.gov/>]. Grants.gov contains information on over 1,000 grant programs and provides access to approximately \$400 billion in annual awards.

Participating agencies include the National Institutes of Health, the Centers for Disease Control and Prevention, and the Substance Abuse and Mental Health Services Administration. A keyword search for “health” on 3/21/2008 produced 879 “hits.” The site offers browsing search strategies as well, by both category (“health”) and agency (e.g., “Department of Health and Human Services”).

National Institutes of Health [<http://www.nih.gov/>]

The NIH funds grants, cooperative agreements, and contracts that support the advancement of fundamental knowledge about the nature and behavior of living systems to meet the NIH mission of extending healthy life and reducing the burdens of illness and disability. While NIH awards many grants specifically for research, it also provides grant opportunities that support research-related activities, including: construction, training, career development, conferences, resource grants and more.

The National Institutes of Health maintains its own grants portal, which can be found at [<http://grants.nih.gov/grants/oer.htm>]. The main types of grant funding provided by NIH include the following: Research Grants (R series), Career Development Awards (K Series), Research Training and Fellowships (T&F series), Program Project and Center Grants (P series).

Columbia University sociologist Peter Bearman proved recently that sociologists can compete successfully for the NIH Director’s Pioneer Award which funds “highly innovative approaches that have the potential to produce an unusually high impact on a broad area of biomedical or behavioral research.” See [<http://nihroadmap.nih.gov/pioneer/>].

Many of the Institutes also maintain their own searchable databases of funded projects. See, for example [<http://tools.niehs.nih.gov/portfolio/>].

National Science Foundation [<http://www.nsf.gov/>]

The National Science Foundation (NSF) is an independent federal agency created by Congress in 1950 “to promote the progress of science; to advance the national health, prosperity, and welfare; to secure the national defense...” With an annual budget of about \$6.06 billion, the NSF is the funding source for approximately 20 percent of all federally supported basic research conducted by America's colleges and universities. In many fields such as mathematics, computer science and the social sciences, NSF is the major source of federal funding.

The NSF’s Sociology Program supports basic research on all forms of human social organization – societies, institutions, groups and demography – and processes of individual and institutional change. The Program encourages theoretically focused empirical investigations aimed at improving the explanation of fundamental social processes. The Sociology Program also funds doctoral dissertation research to defray direct costs associated with conducting research. For details see: [http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=5369&org=SES&from=home].

The Program in Science and Society (S&S) considers proposals that examine questions that arise in the interactions of engineering, science, technology, and society. There are four components within S&S: Ethics and Values in Science, Engineering and Technology (EVS); History and Philosophy of Science, Engineering and Technology (HPS); Social Studies of Science, Engineering and Technology (SSS); and Studies of Policy, Science, Engineering and Technology (SPS). S&S also offers dissertation improvement grants, conference and workshop awards, and postdoctoral fellowships. [http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=5324&org=SES&from=home]

Good luck with your grant writing!

Teaching Tips

Rachel Kimbro

Voices from the Classroom

Next up in our series of talking to medical sociology teachers are **Stefan Timmermans**, Professor of Sociology at the University of California, Los Angeles, and **Patrick M. Krueger**, Assistant Professor in the Department of Management, Policy, and Community Health at the University of Texas School of Public Health.

RK: Stefan, what do you enjoy most about teaching medical sociology?

ST: I'm not teaching undergraduate medical sociology now at UCLA, but when I taught it at Brandeis, we had a lot of former pre-med students with strong work habits, who had been through a grueling pre-med curriculum but had gone off track for one reason or another. They were still interested in health and quite idealistic about it – so if you confront them with the widespread inequities and craziness of the American healthcare system, it's a great teaching moment. You can show them that there are other ways of being involved in health than being a physician. A critical analysis of the healthcare system can provide them with inspiration for where to go next or how to reconfigure their education so that it still incorporates health care.

RK: Is there a particular reading, assignment, or film that works really well in the course?

ST: My favorite book to teach near the end of the course is *Mama Might Be Better Off Dead* by Laurie Kaye Abraham. She is a journalist who follows an African-American family in a debilitated neighborhood in Chicago, and writes in detail about their healthcare encounters. She chronicles a family whose children lack immunizations, where there is a very dedicated but very overwhelmed mother, a father on dialysis with a drug addiction, and also a grandmother in the household with serious diabetes. She shows the far-reaching consequences of the grandmother having to make biweekly doctor appointments – she has an amputated leg so she has to arrange special transportation every time, which she can't afford on the prescribed schedule. Every month, the family has to re-approve their eligibility for Medicaid. The book really brings the persistent inequities in the U.S. health care system down to earth – and at the end, when the grandmother dies, she finally receives all the care and attention from the healthcare system that she desperately needed when she was alive. I wouldn't assign this book too early in the semester; students need to first have an understanding of Medicaid, Medicare, and the relationship between health insurance and labor force participation.

RK: Any other resources that are useful in your course?

ST: The Kaiser Family Foundation has an extensive research group that focuses on Medicaid, Medicare, the uninsured, and minority health. *Health Affairs* often has good, accessible summary pieces. NOVA has a film series called "The Making of a Doctor" that follows seven students through medical school that is really good.

RK: Patrick, how do you inject sociology into your interdisciplinary population health courses?

PMK: I have my students jump right into reading peer-reviewed articles from leading sociology journals. Then, during class, I give mini-lectures to help the students get up to speed on the different disciplinary orientations that guide research in sociology, demography, epidemiology, and gerontology. By reading articles on similar topics from various disciplines, both the value and the limits of the sociological perspective come into sharp relief.

RK: Is there a particular class exercise, reading, or assignment that works well?

PMK: The readings that have been most successful in my courses offer insights with profound implications but that pose questions that would not have been asked by other disciplines. When teaching my Demography course, I usually begin the semester by describing the dramatic reductions in mortality that occurred over the last 100 years. When asked, the students typically speculate that these mortality reductions result from improvements in health care and the introduction of antibiotics. Then I introduce readings that show that the greatest (and highly cost-effective) means of reducing mortality in more developed countries came from improvements in sanitation and nutrition (with improvements in modern health care playing a relatively modest role), while the transfer of modern health care (e.g., vaccinations, antibiotics) from more developed countries was relatively more important for reducing mortality in less developed countries. Students seem genuinely intrigued about the connections between the social environment and population health. *Patrick's recommended readings for this discussion:* Omran, Abdel R. 2005. "The Epidemiologic Transition: A Theory of the Epidemiology of Population Change." *The Milbank Quarterly* 83:731-57; Cutler, David, and Grant Miller. 2005. "The Role of Public Health Improvements in Health Advances: The Twentieth-Century United States." *Demography* 42:1-22.

RK: Why do you enjoy teaching population health courses?

PMK: Teaching in a school of public health provides me with many opportunities to learn from students who come from diverse backgrounds (e.g., medicine, nursing, health care administration), who may not have much experience with sociology, and who may already have established careers in their fields. I find it very exciting to introduce a population health perspective to hospital administrators, clinicians, and those who run public health interventions. Sometimes it is a struggle to clarify the relevance of sociological research to those working in such diverse areas, but I believe that the value of sociological knowledge is greatest when it is widely used in diverse settings. Further, my teaching has given me a richer appreciation of the importance of clinical, epidemiological, or biomedical research for shaping population health (sometimes in ways that are overlooked by sociology), which has allowed me to deepen the dialogue between the social and health sciences in my own research.

If you would enjoy being interviewed for this column and have teaching tips to share, please contact Rachel Kimbro at rtkimbro@rice.edu

Student News & Views

William A. Anderson, MPA, MPH

What I Do

Last night, my local PBS station, along with others throughout the country, ran the first episode of a series titled "Unnatural Causes" that addresses socioeconomic inequalities in health in the United States. I only saw part of this first episode so I really can't speak to the quality of the program, but I was glad to see these ideas being presented on television. As I watched, I couldn't help but wish that everyone would watch the series. Sure, I'd like there to be a greater understanding of the role of social factors in health and illness, but I have a more personal reason for wanting people to watch: they might understand what it is I do.

I dread the question. "So you're getting a Ph.D. What are you studying?" Maybe I'm wrong, but I think that other fields of study might have an easier time with these kinds of questions. If I were in law or medical school, for example, the question almost answers itself. Compare and contrast the following two exchanges:

1. "What are you studying?" "I'm in medical school. I want to be a cardiologist." "Oh, great!"
2. "What are you studying?" "I'm getting a Ph.D. in medical sociology." "Wow! Interesting. What is that exactly?"

In my experience, people outside sociology don't really know what sociology is. Add the word "medical" to it and you really get some blank stares. Explaining that it involves the study of the effects of social influences and group behavior on health and illness does little to help. Such a "clarification" is usually followed by "Great! Well, what are you planning to do with that?"

People mean well. They do. But they find the concept of medical sociology difficult to understand. One reason is that they have no experience with it. It's easy to understand how one would study for years to be able to cut someone open or write a prescription to correct problems related either to bad luck, years of poor habits, or both. It's personal. It's physical. It's what we do when health turns into illness.

Most of us have at least some first-hand knowledge of it. But most people don't have experience with what medical sociologists do. A second reason the concept of medical sociology is difficult to understand lies in its social scope. In our individualistic, personal-responsibility society, it seems odd that anyone would seek explanations for health and illness in the society we've set up for ourselves. It strikes a discordant tone for one to suggest that somehow, just by living our everyday lives the best way we know how, we are contributing to patterns of health and illness that can be extremely difficult for an individual to overcome. Solutions to health problems are found in doctors' offices and hospitals, not the sociologist's office.

Because the university I attend has a well-known and well-regarded medical school, people often mistakenly assume (because of the word "medical") that I'm somehow involved with the medical school, that what I'm doing has something to do with being a medical doctor. I've decided that I really don't want to dispel that idea completely. Like medical doctors, we medical sociologists also study bodies and the processes occurring within them, only we study the social body rather than the individual body. Some of us are like research physicians, studying causes and possible treatments. Others that have a more applied bent are suggesting prescriptions in the form of political policy and social change.

So, from now on, I think I might try describing myself as a physician of sorts. Don't worry. I'm not going to get a lab coat and start offering free exams. No, I'll say that while a medical doctor analyzes the body, personal habits, and maybe environmental factors to look for the cause of illness, the medical sociologist analyzes environmental factors, interpersonal behavior, and social context. I might still get some blank stares. It's not individualistic. It's not focused on personal responsibility, and it's not something that most people have experience with, but it is what I do.

HIV/AIDS Research Awards and Competitions

The Sociologists AIDS Network (SAN) is pleased to announce three competitions underway for 2008. First, graduate students working on topics in the sociology of HIV/AIDS are invited to apply for a one-time award of up to \$250 to aid in their research or to support travel to conferences where they will present their work. Submissions are due by **June 1** to Jorge Fontdevila at jfontdevila@fullerton.edu. Second, students are invited to submit original works (of up to 20 pages) on the social dimensions of HIV/AIDS for the Martin Levine Student Essay Competition. Submissions are due by **June 15** to Anne Esacove at esacove@gmail.com. Finally, nominations are being accepted for the Award for Career Contributions to the Sociology of HIV/AIDS. Please submit letters of nomination to Beth Schneider, at schneider@soc.ucsb.edu by **May 15**. For further details on these competitions, or to access SAN's mentoring program for students studying topics related to HIV/AIDS, please go to <http://www.sociologistsaidsnetwork.org/>.

A Publication of the Medical Sociology Section of the ASA

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2008 Leverhulme Lectures on the Sociology of Risk, Rationing & Medical Markets

The Leverhulme Trust in London has selected Donald Light to be a visiting professor this spring to give a series of lectures and meet with colleagues throughout England interested in economic and medical sociology. Light's lectures will reflect his studies of the sociology of altruism in medical and other markets, informal economic behavior, rationing in waiting lists, the risks of pharmaceutical proliferation, the commercialization of vaccines for the poor, and public sociology for distributive injustices.

Professor Elizabeth Ettorre at the University of Liverpool is the host of Light's visit during April, May, and June. Light is a professor of social medicine at the University of Medicine & Dentistry of New Jersey and was co-author with Suzanne Keller of the first Chicago-School introductory textbook to sociology. Its widespread use in the 1970s and 1980s changed the way sociology has been presented since. His first articles in the *American Journal of Sociology* introduced the sociological calendar as a qualitative method and analyzed the management of mistakes. More recent articles concern the nature of health care markets and the medical profession. Last year Light was a fellow at the Netherlands Institute for Advanced Study, investigating the disappointing ways in which pharmaceutical companies are addressing the needs of patients and putting them at risk. He is also working with Alejandro Portes at Princeton on institutional responses to health needs of immigrants. Inquiries: dlight@princeton.edu.

Lecture Topics**Students – Apply to be the 2008 Louise Johnson Scholar!**

The Medical Sociology Section will choose a student member of the section to be the 2008 Louise Johnson Scholar. The scholar will receive travel funds up to \$350 to present at the annual ASA meeting in Boston 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 2008 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: Joanna Kempner, Princeton University, 263 Wallace Hall, Princeton, NJ 08544. Email: jkempner@princeton.edu

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.

1. Beyond Self-Interest: The Bio-Social Foundations of Compassion and Charity
 2. Bodies at Risk: Hidden Agendas Behind "The Bio-Risk Society"
 3. The Economic Sociology of Rationing in Surgical Waiting Lists
 4. AMCs – Transforming Human Rights into Profits
- Other Topics
5. Informal Economic Behaviors – an Unexplored Area of Sociology & Economics
 6. Putting Patients at Risk: Inadequate Regulation of Safety in New Medicines
 7. The Tribulations of Clinical Trials
 8. "Data Exclusivity" The Creation of a Legal Barrier to Access & Innovation (in the name of greater access to more innovative medicines)