

# MEDICAL SOCIOLOGY NEWSLETTER

FALL 2012



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## REMINDERS

- **MSN Winter deadline**  
January 7, 2013
- **2013 ASA Annual Meeting**  
August 1, New York City
- **2014 ASA Annual Meeting**  
August 16-19, San  
Francisco

## NOTES FROM THE NEW CHAIR BY ALLAN V. HORWITZ

The upcoming months will be exciting ones for medical sociologists. One of the central issues in the impending national election will be the fate of the Affordable Care Act, the most significant piece of social legislation in the United States over the past forty years. The positions of Barack Obama and Mitt Romney represent starkly different perspectives on the value of this legislation, which has come to signify not only the relative value of public- and private-centered solutions to social problems but also more general social attitudes toward health inequalities. The fate of this legislation is certain to have a major impact on the social factors that influence the utilization of medical services as well as the determinants of health and illness and the shape of medical care systems.

A second important event for medical sociologists will be the impending publication (currently scheduled for May 2013) of the newest edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5). The processes surrounding the development of this classificatory manual of mental disorders have led to

considerable public controversy and media attention regarding issues such as what is mental disorder? Are mental disorders continuous or categorical? Should definitions of mental disorder be broad or narrow? What are the consequences of labels of mental illness? These concerns, which are of central interest to medical sociologists, have rarely generated such intense interest in public forums.

Another trend of great significance to our section is the ongoing transformation of thinking about the relationship of genes and diseases. Genetic researchers are increasingly coming to realize that environmental exposure profoundly impacts the extent to which genes affect health outcomes. Indeed, purely genetic influences might be more of the exception than the rule regarding the emergence of most diseases. This revolution in the prevailing genetic paradigm of health and disease should afford many opportunities for medical sociologists to explore the mutual and interactive impacts of social and biological factors on relevant outcomes.

*(continued on page 2)*

**We have a critical need for new members of the section—Please keep signing up students & colleagues! See the call on page 6.**

## MEDICAL SOCIOLOGY SECTION 2012 ELECTION RESULTS

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

Renee Anspach, Chair, ([ranspach@umich.edu](mailto:ranspach@umich.edu)), Laura Carpenter, incoming chair ([Lcarpenter@vanderbilt.edu](mailto:Lcarpenter@vanderbilt.edu)), Richard Carpiano ([richard.carpiano@ubc.ca](mailto:richard.carpiano@ubc.ca)), Michelle Frisco ([mfrisco@pop.psu.edu](mailto:mfrisco@pop.psu.edu)), and Kathy Lin ([linkathy@umich.edu](mailto:linkathy@umich.edu))

### Section Chair Elect:

Susan Bell, Bowdoin College

### Secretary-Treasurer Elect:

Karen Lutfey, New England Research Institute

### Council Member at Large, Regular:

Dawne Mouzon, Rutgers University

### Council Member at Large, Student:

Chioun Lee, Rutgers University

### Chair, Health Policy and Research Committee :

Jennie Kronenfeld, Arizona State University

### Chair, Membership Committee:

Molly Martin, Pennsylvania State University

### Chair Elect, Nominations Committee:

Rene Almeling, Yale University

### Members, Nominations Committee, Regular:

Elizabeth Armstrong, Princeton University  
Kerry Dobransky, James Madison University

### Member, Nominations Committee, Student:

Vanessa Munoz, Brandeis University

## NOTES FROM THE NEW CHAIR

*(continued from page 1)*

Our section day for the 2013 meetings in New York City will be the first day, August 10. The annual Business Meeting, Awards Ceremony, and Chuck Bosk's Reeder Lecture will all be held on this day. The Medical Sociology sessions for the 2013 meetings, which are described in more detail in the call for papers in this newsletter, reflect a number of emergent trends in our field. They include a session on the DSM-5, jointly sponsored with the ASA Mental Health Section, Bio/Social interactions, Emergent Medical Epidemics, the Sociology of Diagnosis, Immigration and Health, and Roundtables in Medical Sociology. The ASA will circulate paper guidelines in its "Call for Papers" online in late October (<http://www.asanet.org/AM2013/index.cfm>). All papers must be submitted through the ASA's online submission system, which will open on December 7, 2012 and close on January 9, 2013.

Finally, I would like to thank our outgoing officers who have done so much to maintain the quality and

prominence of the section. All of us are especially grateful to Eric Wright for his outstanding leadership as section Chair over the past year. In addition, Sara Shostak (Council Member-at-Large), Renee Anspach (Chair, Nominations Committee), Richard Carpiano (Nominations Committee Member), Michelle Frisco (Nominations Committee Member), Kathy Lin (Nominations Committee Student Member), Sydney Halpern (Chair, Health Policy Committee), Rachel Kimbro (Chair, Membership Committee), and Christy Erving (Student Council Representative-at-Large) have all done excellent jobs during their two year terms in their respective positions.

I'm looking forward to another stimulating year of section activities and to seeing all of you in New York City next August. The Section's listserv will also be active during the entire period – send relevant materials for posting to me at:

[ahorwitz@sas.rutgers.edu](mailto:ahorwitz@sas.rutgers.edu)

Best wishes for a healthy and productive year,  
Allan V. Horwitz

**2013 ASA PROGRAM: SUBMIT YOUR PAPERS!**

All sessions are open sessions this year.

**1. Sociological Perspectives on the DSM-5** (Jointly sponsored with Sociology of Mental Health). Over the past thirty years, the Diagnostic and Statistical Manual of Mental Disorders (DSM) has become tremendously influential in all facets of mental health - from research to clinical practice, from insurance reimbursement to institutional practices, from the development of psychoactive drugs to patient identity and mobilization. The DSM- 5 Task Force has proposed dramatic revisions that have produced created great controversy both within psychiatry and the popular press that raise fundamental issues about our culture's approach to mental illness. This session invites papers on the DSM-5 (i.e. the revision process itself or its impact on specific diagnostic categories) that explore such topics as the ramifications for (over)medicalization, professional politics, the social construction of mental illness, and/or the sociology of mental health.

**Session Organizer: Owen Wholley**, *Department of Sociology, University of New Mexico*,  
[owen.wholley@gmail.com](mailto:owen.wholley@gmail.com)

**2. Emergent Research in BioSocial Interactions.** Sociologists are just beginning to explore the rich intersections of how social and biological factors jointly produce health outcomes. This panel will explore how social factors “get under the skin” to shape health outcomes through examination of topics such as gene and environment interactions, psychophysiological experiments, and the use of biomarkers as outcomes in sociological research.

**Session Organizer: Kristen W. Springer**, *Department of Sociology, Rutgers University*,  
[kspringer@sociology.rutgers.edu](mailto:kspringer@sociology.rutgers.edu)

**3. Emerging Medical Epidemics**

While health epidemics are usually thought of in terms of infectious disease, non-communicable conditions such as food allergies, obesity, and autism have been designated as epidemics in recent years. This session takes a fresh and critical look at the meaning of “epidemic” in regard to various

health conditions that are considered new and/or contested, whether communicable or non-communicable. It will consider questions such as: How do conceptualizations or uses of the epidemic matter for disease classification, diagnostic measures, understandings of disease patterns and risk, or lived experiences of disease? In what ways do emergent epidemics interact with or influence institutions or public policies and with what social, moral, or political dimensions and consequences? What social processes underlie the emergence of new epidemics?

**Miranda R. Waggoner**, *Office of Population Research, Princeton University*,  
[waggoner@princeton.edu](mailto:waggoner@princeton.edu)

**4. Sociology of Diagnosis:** Diagnosis takes place at the junctures between health and illness, lay and professional definitions, and institutions and agents. It serves as an important device for studying sociological concerns in medicine. This panel will cover a range of topics of interest to a sociology of diagnosis including (but not restricted to) the social framing of diagnostic classification, the process of diagnosis, and the social consequences of diagnosis.

Session organizer: **Annemarie Jutel**, *Graduate School of Nursing, Midwifery and Health Victoria; University of Wellington*.

[annemarie.jutel@vuw.ac.nz](mailto:annemarie.jutel@vuw.ac.nz)

**5. Immigration and Health:** Immigration often has profound consequences for many issues of concern to medical sociologists. These include, but are not limited to, the impact of immigration on health, changing health status among the children of immigrants, the health of host populations, the utilization of health services, and changing styles of symptom presentations across sending and host countries. Session organizer: **William Vega**, *USC Edward Roybal Institute on Aging*.

[williaav@usc.edu](mailto:williaav@usc.edu)

(Continued on page 4)

**2012 ASA PROGRAM: SUBMIT YOUR PAPERS!**

(Continued from page 3)

**6. Medical Sociology Section Roundtables:** This session will include small roundtable discussions of papers on a wide-range of topics of interest to the field. Organizers: **Dawne Mouzon**, *Edward J. Bloustein School of Planning and Public Policy, Rutgers University*, [dawne.mouzon@rutgers.edu](mailto:dawne.mouzon@rutgers.edu) and **Dena Smith**, *Department of Sociology and Anthropology, Goucher College* [dena.smith@goucher.edu](mailto:dena.smith@goucher.edu)

Submit your papers for these excellent sessions!



Eric Wright presents Phil Brown with the Leo G. Reeder Award plaque after Dr. Brown's award address.



**Waitzkin Wins 2012 Freidson Award**

The Eliot Freidson Outstanding Publication Award in 2012 was for the author of a scholarly book that has had a major impact in the field of Medical Sociology. Books published in 2011 or 2012 were considered for this year's Award. The 2012 Freidson Award went to Howard Waitzkin, Distinguished Professor, Departments of Sociology, Family and Community Medicine, and Internal Medicine, University of New Mexico (emeritus), for his book, *Medicine and Public Health at the End of Empire*. This book is poignantly political at an especially crucial historical juncture. Not only does Howard Waitzkin put forward a searing critique of how the expanding global political economy – the period of “empire building” – has turned health and health care into commodities at the expense of human well being, but he also provides the reader with compelling examples of effective and just alternatives that have their roots in social medicine. Here Howard Waitzkin draws on his years of research and activism in Latin American to demonstrate how "health", broadly defined, has and can be genuinely promoted. The book's ability to reach a public audience also impressed the committee members. On this score, the endorsement from Noam Chomsky is revealing: “Healthy reform is a lively and contentious topic, but, as Waitzkin shows in this informative study, our debates on reform are too narrowly framed.” It can be very difficult to feel hopeful about the future of genuine health care reform, but *Medicine and Public Health at the End of Empire* offers a glimmer of hope by presenting the big picture. Insofar as the political economic forces of empire building are waning, the opportunity to draw on the tenets of social medicine – which are in fact the tenets of medical sociology (i.e., recognizing the inherent relationship between social factors and health) may have a chance yet. Congratulations Howard.

~ The Freidson Award Committee consisted of Kelly Joyce, Jason Schnittker, and Kristin Barker.



**Hernandez Wins 2012 Simmons Award, Chiarello Awarded Honorable Mention**

Elaine Hernandez is this year’s winner of the Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. Dr. Hernandez’s dissertation is entitled “The Unintended Consequences of Biomedical Advances: Socioeconomic Gradients in Health Behaviors Among Pregnant Women.” Elaine innovatively draws together theoretical insights from the sociological literatures on health disparities and social networks to develop specific empirical predictions. She moves well beyond simple description of health disparities and pushes the field forward to interrogate the forces that create and perpetuate them. She collected her own data in a multi-method approach that included both quantitative surveys and in-depth semi-structured interviews. She shows in detail how new technologies can lead to new health disparities and, also, creatively shows how social networks play a role. This dissertation is an important contribution in its own right, and with it Dr. Hernandez has also laid the groundwork for many important future projects and contributions to come.

Elizabeth Chiarello’s dissertation, entitled “Pharmacists of Conscience: Ethical Decision-Making and Consistency of Care” was awarded an honorable mention. Dr. Chiarello integrates the sociological literatures of bioethics with the literature on medical occupations to develop new insights into the processes that drive pharmacists’ ethical decision-making. In true sociological fashion she shows that context shapes and alters ethical decisions, and identifies specific contextual factors that are at play. Her work stands as an excellent example of how sociological insights can inform current debates on health and health service delivery. I thank Nancy Davenport, Bruce Link, Sara Shostak, and Eric R. Wright for serving on the selection committee.

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**Halpin is the 2012 Louise Johnson Scholar, Lee Awarded Honorable Mention**

The 2012 Louise Johnson Scholar is Michael Halpin, from the University of Wisconsin, Madison, who submitted a paper based on his dissertation work entitled:

**Carry That Weight: Genetics, Genetic Suffering and Geneodicy.**

The selection committee also awarded an honorary mention to Chioun Lee, from Rutgers University, for her paper entitled “Childhood

**Abuse and Metabolic Syndrome in Men and Women at Midlife: Sleep Quality and Eating Behaviors in Response to Stress as Potential Mechanisms.”**

The award was presented at the Section’s awards ceremony at the ASA Annual Meeting in Denver. My thanks to the selection committee: Eric Wright, Richard Miech, and Elaine Hernandez.



**ANNOUNCING AVAILABILITY TO SECTION MEMBERS OF ODIN ANDERSON'S LAST UNPUBLISHED MANUSCRIPT:  
THE POLITICS OF THE WELFARE STATE AS SEEN BY WILBUR J. COHEN**

Odin Anderson was a founding member of the Medical Sociology Section and major contributor to the development of comparative analyses of health services systems. The last unpublished work of this prolific scholar and researcher has been retrieved, edited and offered to the Section. It was in the context of the current national debate concerning health reform that the editors, who had been students and colleagues of Odin Anderson, were stimulated to revive *The Politics of the Welfare State as Seen by Wilbur J. Cohen* originally completed two decades ago. Cohen authored the Social Security plan that originally included comprehensive national health insurance – not implemented then or now. Anderson's work offers a litany of lessons learned and mistakes continually repeated. The Medical Sociology Section is pleased to make this classic work available to its members. Simply go to <http://dept.kent.edu/sociology/asamedsoc/Anderson.pdf> to find Odin Anderson's manuscript.

~ Eric Wright, Immediate Past Chair, Medical Sociology Section

**Fall 2013 Membership Drive: Please Encourage Membership in our Section!**

The deadline for enrolling section members is fast approaching. We need to have 1,000 members by September 30th to have six regular sessions at the 2103 annual meeting in New York.

*As of today, we only need 44 more members. We are so close, but we need one last push to get over the 1,000-member threshold. Please reach out to your colleagues and students.*

Frankly, the pitch to join is relatively easy because membership in our section provides numerous benefits. Our regular and special sessions provide a forum to introduce new research and engage in lively discussion. The section reception and business meeting allow us to meet new colleagues and reconnect with old friends. During the year, we have a listserv and newsletter to notify members about job and postdoc listings, provide career advice to students, discuss teaching techniques, and much more. Section memberships costs \$12 in general, but \$10 for low-income individuals and \$6 for students. The process for joining is relatively simple. If you or your colleagues are already members of ASA, you can add section membership here: <https://www.e-noah.net/ASA/Login.asp> If someone is not an ASA member and wants to join both ASA and the section, he or she can accomplish both tasks here: <https://www.e-noah.net/ASA/Profile/NewCheck.asp?S=1>

**Please reach out to a few people and encourage them to join. We can do this and, together, we can keep our section strong and vibrant.**

**BOOK RAFFLE AT ASA 2012 MEETING RAISES MONEY FOR REEDER AND SIMMONS AWARDS**

The Section book raffle raised \$370 for the Leo G. Reeder and Roberta G. Simmons Awards this year. Seventeen individuals and publishers donated fifty-two books which were raffled off at the Medical Sociology Section Business Meeting, August 20, 2012 at the ASA meetings in Denver, Colorado. The success of the raffle was made possible only through the generous donations of the following publishers and individuals: Johns Hopkins University Press, Temple University Press, Paradigm Publishers, Baywood Publishing Company, Springer Press, University of Toronto Press, Ashgate Publishing Limited, McGill-Queen's University Press, University of Alberta Press, Wiley/Jossey-Bass, University of Chicago Press, Jesus Ramirez-Valles, Allan Horowitz, Gil Eyal, Alondra Nelson, Carol Boyer, Ray H. Elling, and Howard Waitzkin. A special thank you to Sarah Burgard, Katherine Lee, and Lianna Hart for their help with selling raffle tickets, and to our donors for making this year's raffle a success. We could not have done it without you and we sincerely hope that you will contribute again next year. I look forward to another successful year ahead!

~Susan Stockdale

**CAREER & EMPLOYMENT BY WILLIAM COCKERHAM****Hiring at the Associate Professor Level**

The past year has been devoted to columns for medical sociologists looking for their first job. New and recent graduates, however, are not the only people in the job market by far. In fact, aspiring new graduates and junior assistant professors often feel they will not be competitive if an advertised position is open to any professorial rank because more senior applicants will have stronger records. To a certain extent this true, but job candidates at the associate rank face two distinct disadvantages. First, they will quickly find there are fewer positions. Consequently, the job market they used to compete in as an assistant professor is gone. Most new positions are for promising assistant professors who can be paid beginning salaries with the hope and expectation they will move into the institution's associate ranks by performing well with respect to publication, teaching, and service. The person looking for an associate level position—regardless of the reason for it (unhappiness, lack of appreciation, salary, climate, geographical location)—will find themselves in truncated market.

Second, unlike assistant professors, associate professors will have already shown their potential. Associate professors are therefore not a mystery; they will have (or perhaps not) turned their potential into an early stage of reality. So it is much easier to tell where their career is headed. For many, the most productive period is immediately prior to tenure and promotion when assistant professors usually try to demonstrate they deserve the recognition and job security. Oddly, for some it is also the high point of their productivity; for others, it is an early stage to a productive and perhaps even distinguished career. Some soar and then burn out, essentially disappearing over time like a flare in the night, while others are consistent producers. A

study of differences in scholarly creativity over the course of a career would be interesting. But this is a digression. The point here is that at the associate level, the successful job candidate will need to have accomplished something.

While all of this may seem daunting, the fact of the matter is that people do get hired as associate professors. If a department is bottom-heavy with too many assistant professors or losses at higher ranks occur, then associate professor hires can be the solution—especially those who have shown through their productivity they can transition into the full professor ranks and help solidify or improve a department's ranking within and outside of the university. What a successful candidate must have accomplished is strong publications in good journals and perhaps grants (always a winner) in research-intensive departments, while outstanding teaching is the norm in teaching-intensive institutions. Personally, I think researchers often (but not always—depending on their communication skills) make the best teachers. This is because they have to be current in the research literature in their field if they are to make a contribution to it. Regardless, if you are looking for a job at the associate professor level, expect a different market.

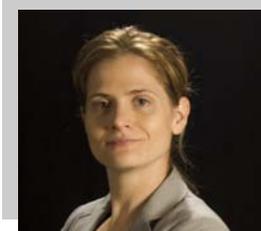
**Post Notices on the ASA Medical Sociology  
Section List**

<[MEDSOC@LISTSERV.BROWN.EDU](mailto:MEDSOC@LISTSERV.BROWN.EDU)>

Visit our website at [http://dept.kent.edu/  
sociology/asamedsoc/](http://dept.kent.edu/sociology/asamedsoc/)

## TEACHING TIPS

BY KATE STRULLY



## Electronic and Software Tools to Make Lectures More Engaging and Interactive

Kate Strully, Nicole D'Anna & Kaya Hamer-Small

Keeping students focused and engaged, particularly in large lecture classes, can sometimes be challenging. But, new technologies provide a number of options for presenting information in more stimulating ways and getting students more involved in lectures. Here are some electronic and software tools you might consider using to help engage the students in your classroom.

- 1) **Presentation Pizazz:** Online tools like Gliffy and Prezi allow you to present visual information in more flexible, less linear ways. Prezi ([prezi.com](http://prezi.com)) allows the user to present a canvas to explore broader issues or concepts and then visually zoom into various aspects for a closer, more detailed look. You can also import existing PowerPoint slides and “prezify” them to jazz them up. Prezi has limited free utilities and offers discount pricing for the complete package for educational users. They also offer online training and a number of video tutorials, as well as a desktop version. Gliffy ([gliffy.com](http://gliffy.com)) is another web-based tool that can help you design a wide variety of professional quality flow charts and diagrams with easy to use drag-and-drop technology. Gliffy is also available for restricted use free of charge, or with fewer privacy and storage limitations for a small monthly fee. They also offer discounted rates for academic institutions.
- 2) **Fact Finders:** You can use sites like Gapminder and Social Explorer to present geographic and temporal variations in data in your lectures. Gapminder ([gapminder.org](http://gapminder.org)) offers both an online and desktop-based application that allows the user to display a variety of data (e.g., indicators of economic development, mortality and disease rates, etc.) on a world map, and then use animation to show changes over time. For instance, using the “Gapminder World” application, you can show change in number of people living with HIV from 1980 to the present using an animated world map. Similarly, Social Explorer ([socialexplorer.com](http://socialexplorer.com)) can be used to present U.S. census and other data, including the American Community Survey and carbon emission data, on customizable maps. The free edition gives access to historical census data up to 2000, as well as 2007 estimates, and is displayed on a map that can zoom in to the street address level. A subscription allows access to more current data and some other features.
- 3) **Realizing Relationships:** The Intel Corporation offers an array of free online teaching tools. One of these, called “Seeing Reason” makes it possible to create a visual interactive display of causal relationships (<http://educate.intel.com/en/ThinkingTools/SeeingReason>). Either as an in-class activity, small group work, or take-home assignment, students can design a map of cause and effect, creating and defining factors and drawing and explaining directional relationships with a simple graphics interface.
- 4) **Prompt Polling:** The iClicker company ([iclicker.com](http://iclicker.com)) makes hardware and software for “real time polling” in classrooms using “clickers.” Students must each purchase a handheld device that they can then register on the company website. Each unique registration can be identified through the software, so instructors can tell which students participated in a given poll and what their responses were. Gauging students’ response through “clickers” might be particularly useful when posing questions to assess the class’s overall understanding of particular material or when trying to jumpstart a larger group discussion. The system is easy to use, but hardware and institutional support are needed.

## STUDENTS SUPPORTED BY ASA MEDICAL SOCIOLOGY SECTION REPORT ON THEIR EXPERIENCES AT THE 4TH US-UK MEDICAL SOCIOLOGY CONFERENCE

We want to thank the Medical Sociology Section Council for providing \$2500 to help support six Ph.D students to attend the Fourth US-UK Medical Sociology Conference at Queens University in Belfast Northern Ireland, June 14-16, 2012. This is a small residential conference where the emphasis is upon interaction in working groups and sharing meals, experiences and ideas. This year we had over seventy medical sociology participants from the US, UK and 7 other countries. It was a highly successful conference for exchanging ideas, making new connections and creating networks based on mutual interests. Rather than giving papers to one another, the stress is on interaction and discussion. We asked each of the six students supported by the section to comment briefly on their experience.

**Meredith Bergey** (*Brandeis University*): "I'd like to express my thanks to the ASA for making it possible for me to attend the US-UK medical sociology conference. The conference provided an invaluable opportunity to meet medical sociologists from around the world and to hear about the important and exciting research they are conducting in the areas of health and illness. I truly appreciate the opportunity to attend. Many thanks!"

**Tania Jenkins** (*Brown University*): "This is my second time attending this conference and it is consistently one of the best conference experiences I have had to date. I was able to meet new scholars in my field, as well as solidify existing networks, in an environment that was neither intimidating nor overbearing. I look forward to the next meeting of this kind in a few years."

**Elyse Kovalsky** (*Northwestern University*): "Attending the US-UK Medical Sociology conference provided me with an unparalleled opportunity to get to know both graduate students and faculty from other departments and expand my network. This was probably the biggest benefit of attending the conference. (I am not the best professional networker, but the conference was set up in such a way as to make it easy.) I know that this will be helpful now, as I am developing my own work, and certainly down the line during job searches and when I am looking for collaborators. The repeated interactions that the structure of the conference creates provide a lot of opportunities to connect with different people."

**Daniel Menchik** (*University of Chicago*): "Thanks for the opportunity to go to my favorite conference. It's unique in offering sessions for discussing medical sociology in depth and schmoozing with new people in between. I very much enjoyed meeting a slew of new colleagues (and dining in the most civilized of conference sites.)"

**Vanessa Munoz** (*Brandeis University*): "In this small conference setting, I had conversations with sociologists at varying stages of their careers about upcoming research in medical sociology, research methodologies, career trajectories, and job market experiences."

**Julie Szymczak** (*University of Pennsylvania*): "The US-UK medical sociology conference was a wonderful experience for me, and I am incredibly grateful for the financial support provided by ASA. Not only was I able to network with medical sociology scholars from the US and abroad, but the conversations I had with conference attendees were stimulating and helped to crystallize some ideas that will help me in the data analysis I am currently doing for my dissertation. The residential nature of the conference was very enjoyable, and allowed time for more in-depth networking than is typically possible at academic conferences."

Thanks again to the section for supporting these students!  
Sincerely, Peter Conrad & Valerie Leiter for the Organizing Committee

## STUDENT NEWS & VIEWS BY LORINDA B. MOORE & ANDREA N. POLONIJO

### Expanding our Reach: The Utilization of Medical Sociology in Public Health

We are excited to have the opportunity to edit the Student News and Views column this year. As graduate students with public health and clinical backgrounds we have both chosen to pursue medical sociology for our graduate education to learn more about the theory that drives practice. Given the recent and ongoing debate on healthcare reform, we will be exploring how medical sociology is used and translated by those responsible for creating policy and implementing real world change. In doing so, we aim to increase student awareness of the impact of sociological research beyond the realm of academia.

To begin our series, we contacted public health professionals and scholars in the United States and Canada to find out how they use medical sociology in their work. The responses were varied, ranging from questions of “what is medical sociology?” to praises of the contributions that medical sociologists have made to the advancement of the public health field. Overall, it was implicit in their responses that respondents were using sociologically informed theory and methods; however, many were unaware that they were drawing from our discipline. Thus, a key challenge for us is defining medical sociology and its goals in order to be recognized as a discipline with valuable theories and resources that public health professionals and scholars can draw upon to inform their research and practice.

Several of our respondents indicated that they drew on literature pertaining to the social determinants of health. As the attention given to the social determinants of health in particular has proliferated, the work of medical sociologists has become of interest to those outside of our disciplinary boundary and raised consciousness of the applicability of our field. This is evident in schools of public health that now have streams for social and life course determinants of health.



As medical sociologists have broadened their focus from medicine to health, we have created opportunities to work at the interfaces between sociology, healthcare, and public health. As Cameron D. Norman, Principal of CENSE Research + Design and Adjunct Professor at the University of Toronto Dalla Lana School of Public Health notes, “medical sociology has been at the forefront of looking at the ways in which social policies and practices are manifest in human wellbeing and deserve much credit for ensuring this perspective is represented in dialogues on health.”

Medical sociologists have a valuable perspective that can be applied to public health; however, making this work accessible is often a challenge. A critique of our discipline (as well as much of academia) is that our work can be alienating to public health professionals when discourse remains abstract and esoteric. One respondent indicated that those working in the frontlines of public health service are often hesitant to read academic journals, preferring a summary of key research findings. While our academically oriented work is highly important, thinking of alternative sources for publishing research and disseminating findings can only help to expand our audience and the increase the application of our work.

Have you had success translating your research into public health, policy, or clinical education and practice? This year we hope to bridge the gap between research and practice by bringing a variety of perspectives to this timely topic. If you have examples of successful strategies and would like your story to be included in a future column, we'd love to hear from you. Please contact [lorinda.moore@alumni.ubc.ca](mailto:lorinda.moore@alumni.ubc.ca) with your contributions.

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

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**The Justice 21 Committee of the SSSP is pleased to announce the publication of the volume:  
 Agenda for Social Justice, Solutions 2012**

The volume represents a continuing effort by our professional society to nourish a "public sociology" that will be easily accessible and useful to policy makers, academics, activists, concerned citizens, and students. It is also a way to give something back to the people and institutions that support our scholarly endeavors. We hope that you find it helpful in your challenging work of crafting successful solutions to contemporary social problems.

It contains 11 chapters written by SSSP members, including: **Elizabeth J. Clifford, Susan C. Pearce & Reena Tandon**, "*Nineteen Million and Counting: Unique Issues Facing America's Foreign-born Women in the Home and Work-place*," **Amitai Etzioni**, "*Legislation in the Public Interest: Regulatory Capture and Campaign Reform*," **Robert Grantham**, "*Governance and Inner-City Social Problems*," **Cedric Herring**, "*Critical Diversity in America: Divided Public Opinion and Critical policy Directions*," **Tamara G.J. Leech & Devon J. Hensel**, "*At Greatest Risk of Infection: Young Black Women and Sexually Transmitted Infections*," **Jason Smith, Preston Rhea & Sascha Meinrath**, "*Promoting Digital Equality: The Internet as a Public Good and Commons*," **Cecilia Menjívar**, "*U.S. Immigration Law, Immigrant Illegality, and Immigration Reform*," **Carolyn Cummings Perrucci & Robert Perrucci**, "*Jobs for America*," **Frances Fox Piven**, "*Poverty, Inequality, and the Shredded Safety Net*," **John N. Robinson III & Katie Kerstetter**, "*Preserving Affordable Housing and Building Wealth in an Economic Recovery: Limited-Equity Cooperatives as an Alternative to Tenant Displacement*," and **Chris Wellin & Brooke Hollister**, "*Societal Aging in the U.S.: Impact on Health, Economic Security and Retirement*".

The main web site for the project is: <http://www.sssp1.org/index.cfm/m/323>. Several options for accessing the project are available. Net revenue generated by the project goes to support the activities of the SSSP and the Justice 21 Committee, in pursuit of social justice.

~Glenn W. Muschert SSSP Secretary & Chair, for the Justice 21 Committee