

MEDICAL SOCIOLOGY NEWSLETTER

WINTER 2013

INSIDE THIS ISSUE:

| | |
|---|-------|
| REEDER AWARD ANNOUNCEMENT | 1-3 |
| CALL FOR 2014 REEDER AWARD | 4 |
| NOTES FROM THE CHAIR | 4 |
| CALL FOR 2013 SECTION AWARDS | 5 |
| STUDENT NEWS & VIEWS: SOCIAL SCIENCE & CHANGING MEDICAL EDUCATION | 6 |
| ASSISTING THE ASSISTANT PROFESSOR: NEW COLUMN! | 7 |
| CAREER & EMPLOYMENT: WHAT HAPPENED TO THEORY? | 9 |
| TEACHING TIPS: PRESENTING GLOBAL HEALTH ISSUES IN THE CLASSROOM | 9-10 |
| HEALTH POLICY: THE ACA & ACCOUNTABLE CARE ORGANIZATIONS | 10-11 |
| OFFICERS OF THE SECTION | 11 |

REMINDERS

- **MSN Spring deadline**
March 25, 2013
- **2013 ASA Annual Meeting**
August 10-13, New York City
- **2014 ASA Annual Meeting**
August 16-19, San Francisco

CHARLES BOSK 2013 REEDER AWARD WINNER BY ELIZABETH MITCHELL ARMSTRONG & JOANNA KEMPNER

Charles L. Bosk will receive the 2013 Leo G. Reeder Award in August, at the ASA annual meetings in New York City. From the publication of his University of Chicago dissertation, a groundbreaking study of mistakes in surgery, to his current projects on the ethics of research and patient safety, Bosk has been a deeply influential figure in both sociology and medicine. His contributions span fine-grained, closely observed ethnography and richly reasoned, elegantly argued theory. The breadth of his theoretical contributions have made him a central figure for anyone writing about medical education, errors and error management, the legalization and bureaucratization of medicine, IRBs and bioethics, medical professions, and social problems theory. Indeed, his contributions have served as an intellectual foundation for two generations of scholars in medical sociology.

Bosk's first book, *Forgive and Remember: Managing Medical Failure* (University of Chicago Press, 1st edition, 1979; 2nd expanded edition, 2003) an ethnographic account of surgical training, is a seminal book within not only sociology, but medicine as well. The book remains one of the best descriptions of professional socialization that we have; Bosk's analysis of how surgeons categorize and respond to mistakes is, quite simply, non pareil. In fact, Bosk's work in *Forgive and Remember* anticipates later sociological work on error, such as Charles Perrow's *Normal Error*. It is required reading for comprehensive exams in both sociology of medicine and sociology of work in many graduate programs. Moreover, the book has taken

on renewed significance in recent years, with the release of the Institute of Medicine's report "To Err is Human" in 2000 and the subsequent groundswell of attention to patient safety and health care quality. *Forgive and Remember* is also the kind of book that professors love to assign in their graduate qualitative methods classes. Bosk's careful ethnography (described so well in his classic appendix "The Fieldworker and the Surgeon") provides an ideal example of how ethnographers can write a perfectly organized and concise, but still thick description of their field sites.

Bosk is rare among sociologists of medicine in the depth of the impact that his work has made on the medical profession itself. *Forgive and Remember* has been a bestseller in medical school book stores since its publication and is often required reading for surgical residents, among whom it resonates powerfully—a testament to how "right" Bosk got the story (cohort after cohort of residents ends up utterly convinced that their hospital must be the place where Bosk conducted his field work). In fact, *Forgive and Remember* is invariably described as a "must-read" among residents and medical students alike. (For compelling examples of how much physicians appreciate *Forgive and Remember*, one need only look at the reader reviews of the book on the Amazon and Barnes and Noble websites). Bosk's wide-ranging influence has been acknowledged in his appointments to the Hastings Center Panel on the Ethics of Patient Safety, the Hastings Center Task Force on Ethics and

(continued on page 2)

CHARLES BOSK 2013 REEDER AWARD WINNER

(continued from page 1)

Effectiveness in Total Quality Improvement, the American Society of Bioethics and Humanities Taskforce on Guidelines and Standards in Clinical Ethics, the AHRQ Task Force on Patient Safety, the Committee on Patient Safety at the Children's Hospital of Philadelphia, and as visiting professor at various medical schools.

Over the last decade or so, Bosk's work has focused again on the issue of medical mistakes, this time in the guise of patient safety. After receiving a prestigious Robert Wood Johnson Foundation Investigator Award for his project, "Restarting a Stalled Policy Revolution: Patient Safety, Systems Error, and Professional Responsibility," Bosk has become an authoritative voice in both academic and policy debates about professionalism and patient safety. The latest work sits squarely at the nexus of real-world policy and sociological theory and represents some of the best empirical work being done around quality of care and patient safety. In this world, Bosk is (as he is so often) something of a contrarian, poking holes in the conventional wisdom about patient safety. Much of the current work fetishizes the "systems approach" to error; Bosk and his colleagues have been carefully and persuasively pointing out the ways in which a more sociologically informed and nuanced view might make us hesitate to over-invest in seemingly simple and intuitive solutions like checklists, no matter their pull in policy circles.

While continuing to be a sage within the patient safety movement, Bosk has also devoted sustained attention to the ethics of social science research. While this inquiry matters for all sociologists (particularly for those of us who use qualitative methods), Bosk's attention to this issue is deeply related to his own experiences as a sociologist in and of medicine—and that his wisdom in this do-

main is particularly prescient for his fellow sociologists of medicine. It is precisely because of Bosk's deep and total immersion in the field of medicine, with its attendant and constant ethical dilemmas, conflicts and crises, that he has been able to see so clearly and analyze so presciently the kinds of debates just now emerging within sociology. As the second edition of *Forgive and Remember* with its searing new introduction and epilogue makes clear, Bosk has himself wrestled with the ethical dictates of medicine, not only during his fieldwork among surgeons, but also in the ways his research has been used (and possibly abused) in the public domain, as well as in the conflicts and quandaries he experienced researching his second book, *All God's Mistakes*, an ethnography of genetic counseling in a children's hospital. Among modern sociologists of medicine, his depth of experience with ethnography is virtually unparalleled; even more compelling, perhaps, is his engagement with the ethical issues of objectivity, representation, and witnessing that are so deeply implicated in all ethnographic work.

As a leading voice on ethics within medicine as well as the ethics of social science research, Bosk has made a major impact on teaching and scholarship. In fact, Bosk has established himself at the vanguard of an emerging body of work that takes seriously the ethical obligations and limitations of ethnography. Bosk produces not only skillful, top-notch ethnography, but also astute, cogent critiques of the ethnographic enterprise itself. He spent 2003-2004 as a Fellow at the Institute for Advanced Study, concentrating on the ethics of social science research. This work led to his most recent book from the University of Chicago Press (2008), *What Would You Do? Juggling Bioethics and Ethnography*.

In addition to his work on research ethics, Bosk is well-known in the bioethics community, where he

(continued on page 3)

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

CHARLES BOSK 2013 REEDER AWARD WINNER

(continued from page 2)

has managed the delicate balancing act of being within bioethics, but not of bioethics. He has resisted the lure of identifying himself as a “bioethicist,” in part to preserve his stance as an observer of—and sometimes critic of—bioethics as practiced today. Here Bosk stands practically alone among sociologists in pointing out that we have failed to make sociology relevant to bioethics in the way it must be and in insisting on the value of empirical research to untangling bioethical dilemmas. He is in the forefront of an emerging concerted effort among sociologists to engage with bioethics as a system of thinking and as a profession.

In the three and a half decades that he has spent at the University of Pennsylvania, Bosk has made a deep imprint on many undergraduate and graduate students alike. He is well-loved by his students, who appreciate his quirky sense of humor and his innovative perspective on health and medicine. Never one to be bogged down by arbitrary disciplinary boundaries, he assigns readings from history, anthropology, journalism, philosophy, and fiction to examine the tensions, ironies and gaps in the health system and in medical sociology. In Bosk’s world, everything is open to question, especially that which we take for granted. Indeed, he received the Provost’s Award for Distinguished Graduate Student Teaching and Mentoring from Penn in 2006. He holds a secondary chair in the School of Medicine, as well as appointments in the History and Sociology of Science department, the Annenberg School of Communication, and the Leonard Davis Institute of Health Economics at the Wharton School, and has served as a core faculty member of Robert Wood Johnson Foundation Clinical Scholars program and RWJF Health and Society Scholars program. Thus, the impact of his teaching and mentoring spans sociology several disciplines. As all of us who know him well can attest, Bosk is a

devoted and serious mentor. Moreover, his sociological imagination is, simply put, dazzling. Finally, Bosk has done much to promote the field of medical sociology. He has served on the Medical Sociology Section Council, most recently as chair, and he has served on the editorial boards of *American Journal of Bioethics*, *Qualitative Sociology*, *the Medical Humanities Review*, and has been associate editor at *The American Sociologist*, *Urban Life and Culture*, and *American Sociological Review*. In all of these venues, he has done much to promote the work of other sociologists of medicine.

In sum, Charles Bosk occupies critical niches in three intertwined ecosystems—the sociology of medicine, medicine itself, and bioethics—that nevertheless require very different survival skills. In all three, he has made and continues to make significant contributions to the production of sociological knowledge about medicine and ethics. As one of leading sociologists of his generation, he has produced original, persuasive and enduring theory and research that have changed the way we sociologists think about issues of professionalization, socialization, mistakes at work, and social problems. As emissary to the clinical world, Bosk has done much to raise the profile and the “street cred” of medical sociology among medical professionals, who accord his work tremendous respect. And, finally, as observer, chronicler, historian and critic of the bioethics movement, he has sought to infuse the practice and theory of bioethics with sociological insights, and to convince his fellow sociologists of the import of understanding this modern intellectual movement. In all three ecosystems, we see Bosk’s talent for engaging constructively not only with his fellow scholars, but also with practitioners in the “real world.” It is precisely these bridges that Bosk builds between empiricism, theory and practice that make him such an exemplary medical sociologist and so deserving of the Reeder Award.

CHECK OUT THE RETOOLED MEDICAL SOCIOLOGY WEBSITE!
<http://www2.asanet.org/medicalsociology/index.html>

SEEKING NOMINATIONS FOR 2014 REEDER AWARD

Nominations are due by May 31, 2013

The Medical Sociology Section invites nominations for the 2014 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in San Francisco. This award is given annually for Distinguished Contribution to Medical Sociology and recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology. 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, at least two other suggestions for nominators, and the nominee's curriculum vitae by email, using the subject line "2014 Reeder Award Nomination" to Susan E. Bell, Chair-Elect of the Medical Sociology Section, at: sbell@bowdoin.edu.

NOTES FROM THE CHAIR BY ALLAN V. HORWITZ



Dear Medical Sociology Section Members:

This winter issue of the Medical Sociology Newsletter highlights the accomplishments of the 2013 Leo G. Reeder Award winner, Charles Bosk. Chuck's extraordinary achievements are highlighted in this issue. Medical sociologists are not only fortunate to have him as a model of scholarship for our own efforts but also as the finest possible emissary of medical sociology to other disciplines. Congratulations, Chuck, for receiving the section's highest award.

The New Year is bringing substantial changes to Medical Sociology's presence on the web and in social media. Thanks to the extensive efforts of our past webmaster, Tim Gallagher, our new webmaster, Mark Sherry, and our two new associate webmasters, Simon Geletta and Trevor Hoppe, the section's expanded homepage is now located on the ASA website at:

<http://www2.asanet.org/medicalsociology/index.html>

You'll find that it contains a wealth of information about the section, copies of past newsletters, resources for medical sociologists, job listings, and announcements relevant to medical sociologists. Send

your contributions and suggestions about the website to Mark (markdsherry@yahoo.com), Simon (sgeletta@dmu.edu), or Trevor (thoppe@umich.edu). Moreover, relevant announcements are now posted on Facebook and Twitter for members who want to be contacted through those forums. On behalf of the section, I deeply appreciate Tim, Mark, Simon, and Trevor's contributions in bringing the section into a new era of communication.

You'll also note that this issue of the newsletter contains a new column initiated by Barret Michelac aimed at assistant professors who are trying to juggle the various research, teaching, and service contributions necessary to achieve tenure. We welcome additional suggestions for targeted columns – send them to the newsletter editor Sarah Burgard (burgards@umich.edu) or me (ahorwitz@sas.rutgers.edu). Our newsletter continues to be the envy of our sister sections and under Sarah's editorship is getting even better.

Best wishes for a healthy and productive New Year!

Allan

2013 ELIOT FREIDSON OUTSTANDING PUBLICATION AWARD: SEEKING ARTICLE NOMINATIONS

Nominations are due by February 15, 2013

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 2013 award will be given to a journal article published in either 2011 or 2012. The article may deal with any topic in medical sociology, broadly defined. Co-authored articles are appropriate to nominate. Self-nominations are permissible and encouraged. When making a nomination, please indicate (however briefly) the reason for the nomination. You do not need to send a copy of the article, although this would be helpful.

Nomination letters can be sent to: Kristin Barker, Department of Sociology, 1915 Roma Bldg. 78, MSC05 3080, University of New Mexico, Albuquerque, NM 87131-0001. Alternatively, nomination emails can be sent to kbarker@unm.edu with the subject line: 2013 Freidson Award Nomination .

SEEKING NOMINATIONS FOR 2013 ROBERTA G. SIMMONS DISSERTATION AWARD

Deadline for all submission materials is March 1, 2013

Nominations are being accepted for the 2013 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. Self-nominations are acceptable. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting at which the award is made. To be considered for the 2013 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required. Electronic submission of the paper (MS Word or PDF) is required; please include the words "Simmons Award" in the subject heading. The letter of recommendation should be sent directly by the recommender as an email attachment (MS Word or PDF). The awardee will receive a \$750 travel grant to attend the ASA meetings and an award certificate, and will attend the Reeder dinner as a guest of the Medical Sociology section. Please send all materials to: Dawne Mouzon at dawne.mouzon@rutgers.edu.

SEEKING NOMINATIONS FOR 2013 LOUISE JOHNSON SCHOLAR

Applications are due by May 15, 2013

The Medical Sociology Section will select a student member of the section to be the 2013 Louise Johnson Scholar. 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 Mount Sinai School of Medicine and a former colleague of Louise Johnson. The Scholar will receive travel funds up to \$350 to present at the annual ASA meetings 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.

To apply, please send: 1) a copy of your acceptance notification to present at the 2013 ASA meetings, 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 via email as Word documents or PDFs. Applications and letters of recommendation should be emailed to: Richard Miech at richard.miech@ucdenver.edu with the subject line: 2013 Louise Johnson Scholar Nomination .

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



Social Science & Changing Medical Education

While visiting her family physician, one of the authors of this column was asked about her education. When she told her physician that she was working on a PhD and focusing on medical sociology, the physician – in all seriousness – exclaimed: “You’re clearly bright and you’ve been going to school for so many years... why don’t you just become a *real* doctor?” Of course, by “*real* doctor”, the physician meant MD. Granted, the physician was nearing retirement and had received her training many years ago, but this experience begged the question of whether healthcare providers are familiar with or see value in the work of medical sociologists.

While reading through the July/August 2012 issue of *ASA Footnotes*, we noticed the column on the revised Medical College Admission Test (MCAT) by Shannon N. Davis and Jason M. Satterfield that suggests times are changing. Starting in 2015 there will be increased focus on the social and behavioral sciences on the MCAT, with test questions covering topics such as: behavior and behavior change, cultural and social determinants of well-being, and the relationship between socioeconomic status, access to resources, and well-being. This major change in the knowledge base required for admission into medical schools inspired us to investigate how topics from medical sociology are being incorporated into the medical training process in North America.

In Canada, The Royal College of Physicians and Surgeons (the organization overseeing the education of Canadian medical specialists) has adopted the CanMEDS competency framework, outlining the essential abilities that physicians need for optimal patient outcomes. The current framework places emphasis on the roles of physicians as health advocates who are able to advocate for individual patients, recognize the determinants of health in populations served, and identify larger public health issues. In the US, the American Medical Association recently reformatted medical education to include more exposure to the social and behavioral sciences after a

2011 report, “Behavioral and Social Science Foundations for Future Physicians”, noted that many of the challenges facing the American healthcare system are rooted in the social and behavioral sciences. This addition to the medical education curriculum aims to enable future physicians to provide better patient care, improve patient compliance with medical treatments, lessen burnout among physicians, reduce health care disparities, and improve quality of care and patient outcomes.

At the level of medical education, our review of the MD training curriculum at several highly respected medical schools in Canada and the US showed that students are required to take a course or series of courses related to the relationship between social science and medicine. For example, at The University of British Columbia – our own institution for graduate studies – students are required to take four semesters of coursework on the “Doctor, Patient, and Society”, which examines the doctor-patient relationship, healthcare systems, research, epidemiology, prevention, ethics, behavioral and social sciences, resource allocation, multiculturalism, and marginalized populations. At Harvard University, first year medical students take a series of courses including “Social Medicine and Global Health”, “Clinical Epidemiology and Public Health”, “Health Care Policy”, and “Medical Ethics and Professionalism”. This course series aims to introduce students to social factors that influence health and disease, current health policy issues, and ethical issues associated with medical decision-making, as well as equip students with the ability to critically appraise medical literature for evidence-based practice.

These recent policy changes, calling for increased attention to topics relevant to medical sociology and the incorporation of social and behavioral science related curricula into medical schools, leave us hopeful that the physicians of tomorrow will be more attuned to the relationship between social factors and health, and better able to understand the importance of medical sociology in its application to medicine.

ASSISTING THE ASSISTANT PROFESSOR BY BARRET MICHALEC

With many thanks to Allan and Sarah, I'd like to introduce a new (and hopefully somewhat regularly appearing) column aimed specifically at assisting the Assistant Professor. The Medical Sociology Newsletter can be a helpful and informative forum for a voice specifically from the Assistant Professors that speaks to our awakenings, missteps, and "learning experiences" as we attempt to understand and embrace our new roles through various research efforts, course offerings, and interactions with colleagues, students, and administrators. Lessons can be passed along via institutional/departmental mentorship, but at times it may be more effective to hear specifically from fellow medical sociologists – an inter-section peer mentoring of sorts.

I envision this column as a space for fellow Assistant Professors to offer experiences or dilemmas that they have had difficulty navigating or perhaps situations that have been overcome and have yielded knowledge that could be shared. Readers (of any rank) could respond directly to the submitter, or if the submitter has chosen to remain anonymous then the feedback/comments can be submitted to me and I will post them in the following issue of the newsletter.

For the debut of this column I thought I would share a current conundrum. Given my background in qualitative methods, I have been brought on to many evaluation-based studies of programs, interventions, and particular processes within various healthcare facilities. Given the subject matter, I have submitted the manuscripts stemming from these recent studies to more clinically-minded journals. Not to overgeneralize the scope and aims of these types of journals, but I have found them to be not as familiar with the tenets and qualities of qualitative methods – especially regarding their potential benefit when utilized in the clinical field. Reviewers' comments often include requests for the inclusion of frequency tables that show how often certain codes and themes were actually identified in the data, or requests to feature the percentage of coder agreement at various stages of the analysis process.

I am no methodological purist but I do find myself writing diatribes starting with "How dare you madam/sir!" cursing the lack of acceptance and general knowledge of the ethically sound qualitative methods (when executed and described properly). Of course these initial drafts of my Response to Reviewers are later replaced with more professional explanations of my methods and analyses. As I am a mere Assistant Professor pining for the gold that is tenure, I, after much heavy sighing, succumb to the reviewers' requests and construct the frequency tables and other quantitatively-biased instruments that can implicitly (or even explicitly) debase qualitative methodology's legitimacy.

This is a struggle for me - my need for publications for tenure, and my desire to not sell-out as a qualitative researcher - and I wonder if other medical sociologists struggle with this conflict as well. When have such challenges arisen for you? How have you handled them? Do you have ideas about how we, as a subfield or discipline, can respond to such challenges to method when publishing in other disciplinary outlets?

Any and all feedback and comments are welcomed and appreciated. I also look forward to receiving the submissions of fellow Assistant Professors. The Newsletter could also be a helpful forum for people in other settings – those working outside of academia, postdoctoral fellows, and others – who would like to set up similar conversations.



Barret Michaelic is an assistant professor in the department of sociology at the University of Delaware. He can be contacted at bmichal@udel.edu and welcomes ideas and collaborations for future "Assisting the Assistant Professor" columns.

Post Notices on the ASA Medical Sociology Section List
<MEDSOC@LISTSERV.BROWN.EDU>

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

CALL FOR ABSTRACTS

8th Annual



HEALTH DISPARITIES
RESEARCH SYMPOSIUM

**Health Disparities:
Where Biology, Behavior, and Socioeconomics Converge**

Thursday, February 28, 2013

DoubleTree Hotel | 808 20th Street South | Birmingham, Alabama

The UAB Health Disparities Research Symposium highlights the work of faculty and student investigators in the areas of **basic science, clinical and translational sciences, social and behavioral sciences, outcomes and community-based research related to health disparities.**

Submissions in the areas listed below are encouraged :

- Bio-physiological Mechanisms of Health Disparities
- Behavioral Mechanisms of Health Disparities
- Gene-Environment Interaction and Health Disparities
- Physiological Effects of Stressors in the Social Environment
- Social Determinants of Health
- A Life-Course Approach to Health and Illness
- The Built Environment: Health and Livability of Cities
- Economic Development and Public Policies for Health
- Community-Based Approaches to Health
- Evidence-Based Strategies for Health Equity

DEADLINE: Submit electronically no later than **January 15, 2013.**

ELIGIBILITY: Abstracts must represent results of original research.

A presenting author is expected to register for and attend the symposium.

GUIDELINES:

- Limit abstracts to 350 words, excluding title, authors, and affiliations;
- List presenting author first;
- Follow this format: Purpose, Methods, Results, Discussion/Conclusion;
- Do not include references;
- Define abbreviations the first time they appear;
- Proofread the abstract carefully before submitting; no corrections will be allowed.

Abstracts will be assigned to oral or poster presentation by the reviewing committee.

Awards will be given to the three best oral and poster presentations.

ABSTRACT SUBMISSION AND FREE ONLINE REGISTRATION: www.uabmhrc.org



CAREER & EMPLOYMENT BY WILLIAM COCKERHAM



What happened to theory?

It should seem unusual and off-topic to write on sociological theory in an employment column for medical sociologists. As many have written, including myself, what most distinguishes medical sociology from much of the research in public health, health services research, health psychology, and behavioral medicine is the use of sociological theory. To theory, can also be added the insight of the sociological perspective or imagination that, in itself, often originates in theory. Given the important role of theory, a prospective employer (especially, but not limited to academic positions) would expect a medical sociology job candidate to be well-versed in theory. So the theory-employment link is not as far-fetched for this column as one might think.

The problem seems to be that in interviewing job candidates (virtually dozens) over the past few years, there seems to be either a lack of training in theory or a diminished capacity on the part of too many to apply it to real world health problems, even some Ph.D. students/new graduates from strong, nationally known sociology programs. Of course, it is true that not all research projects require sociological theory, but many do and sociology's leading journals, ranging from the *American Sociological Review* to others, including even specialist journals like *Demography*, request reviewers to rate paper submissions on the contribution to or use of theory. But oftentimes, job talks are atheoretical and when the candidate is asked the "dreaded theory question," the candidate has that "deer in the headlights look" and stumbles around trying to figure out what to say. On occasion the question goes unanswered. Do they get the job? Not likely.

Since most job talks are based on the candidate's dissertation, this does not speak well to what is being taught in some programs if theory is indeed considered important by medical sociology and the discipline at large. Sometimes candidates answer ably about theory if not part of their research presentation, showing they know it and recognize under what circumstances it would apply. Others blend theory into their presentation and it is obvious they are well and broadly-trained. Some, however, seem clueless about theory and obviously do not know much about it. I would sus-

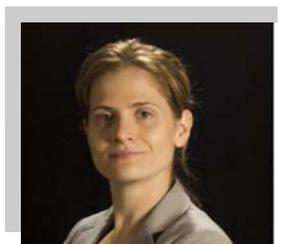
pect that the latter is not likely or as likely to get hired. It depends upon the value the employer places on theory.

It could be that the problem (if theory is considered important) is the individual, not the individual's doctoral program. Even so, both share the responsibility to be theoretically competent in advancing sociological work whether it is a focus or not. Having said this, it is also clear that the training of some job candidates in theory and methods is superb. They get the job. And so the basic message here is obvious, applicants for positions in medical sociology should be knowledgeable in theory. The sole reason for mentioning this is that some fumble badly when theory enters into the discussion/evaluation of their work—a condition that a successful job seeker should clearly avoid. If you do not feel theory is part of your game and, for whatever reason, you lack knowledge and insight, then read a theory book. There are a lot of them out there. And if some curmudgeon drops the dreaded theory question on you during your job talk: blow them away with your answer. Good sailing; avoid the squalls!

Send your suggestions for future career and employment columns to: wcocker@uab.edu.

TEACHING TIPS BY KATE STRULLY

Presenting global health issues in the classroom



Here are two suggestions for introducing data and concepts related to global health. First, try using the on-line Gap Minder tools to animate data on historical trends and international disparities in morbidity and mortality. I have found that the animated features in Gap Minder are particularly useful for introducing the basic patterns that characterize the epidemiological transition. Visit www.gapminder.com and click on the "Gapminder World" tab on the top of the page to access the global data plots.

(Continued on page 10)

TEACHING TIPS

BY KATE STRULLY

(Continued from page 9)

Using the drop-down menus you can select variables for the X and Y axes. I typically select “Income per Person (GDP)” for the X-axis and a relevant health indicator for the Y-axis (e.g., life expectancy, child mortality rate, etc.). If you click the “play” button in the lower left corner, students can watch the data points for the nations moving across the chart. The data points are color-coded for different regions of the globe, and the size of the data point corresponds to the nation’s population size. I suggest playing the animation a few times for students and asking them to pay attention to how the trajectories of the data points differ across different regions of the globe.

Second, show clips from the documentary series **Rx for Survival: A Global Health Challenge**. This series, which was produced by PBS in 2005, portrays the history and recent state of global public health and infectious disease. The six episodes that comprise

the complete series cover a number of topics including the successes and challenges of developing vaccinations, drug resistant strains of diseases, the infrastructural obstacles of delivering public health and medical technologies to populations in need, and how poor nutrition and unsafe drinking water contribute to the disease burden among the world’s poor.

In large lecture class, I like to show short sections from selected episodes in order to demonstrate particular points related to class materials. For instance, the first episode titled “Disease Warriors” begins with a nice depiction of the global campaign to eradicate small pox, which can be juxtaposed to a later section in the same episode about the challenges of developing a vaccine for HIV. The third episode called “Delivering the Goods” offers several poignant depictions of the challenges of delivering vaccines to rural areas in low-income nations. For more information about this series see <http://www.pbs.org/wgbh/rxforsurvival/index.html>.

HEALTH POLICY

BY JENNIE JACOBS KRONENFELD

The Affordable Care Act and Accountable Care Organizations

This is a time of much change in health policy in the United States. The reelection of President Obama insures that most of the Affordable Care Act (ACA) will be implemented, except for the sections such as the mandatory Medicaid expansions ruled out by the Supreme Court decision in June, 2012. Both as citizens and even more as health experts, medical sociologists need to be up to date on some of the changes being proposed and how things will be implemented. In this column, I want to help make medical sociologists aware of some organizations and publications that are currently dealing with aspects of the new law so that medical sociologists will be able to easily access these resources both in their teaching, in public presentations they may make in their own communities and in thinking about new research projects.

Some of the most complicated issues over the next year will relate to how states are implementing aspects of the Act and the creation of accountable care organizations as a new approach to the provision of care. For people interested in knowing what states

are doing, there is an ongoing project of the Robert Wood Johnson Foundation which is paying detailed attention to this and making this information available to the public through publications, including online publications. The RWJ Foundation has a project entitled “ACA Implementation—Monitoring and Tracking Series” that presents a picture of how the Affordable Care Act is being implemented in states and establishes a baseline for measuring progress over the coming years. The details are being prepared by researchers at the Urban Institute and are part of an ongoing series of reports that look at cross-cutting issues based on interviews with prominent state policy-makers and health care stakeholders in 10 diverse states. More details are available on their website under the topic Affordable Care Act:

<http://rwjf.org/en/topics.html>

To summarize some of their recent findings, they conclude that all 10 states in the study are modernizing their Medicaid enrollment and eligibility

(Continued on page 11)

A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA

Section Officers**Chair**

Allan V. Horwitz
Rutgers University
Department of Sociology/Institute for Health, Health
Care Policy & Aging Research
112 Paterson Street
New Brunswick, NJ 08901
Phone: (848) 932-8378
ahorwitz@ifh.rutgers.edu

Chair-Elect

Susan E. Bell
Department of Sociology and Anthropology
311 Adams Hall
Bowdoin College
7000 College Station
Brunswick, ME 04011-8470
Phone: (207) 725-3652
sbell@bowdoin.edu

Secretary-Treasurer

Kristen W. Springer
Rutgers University
Department of Sociology/Institute for Health, Health
Care Policy & Aging Research
112 Paterson Street
New Brunswick, NJ 08901
Phone (848) 932-7516
kspringe@rci.rutgers.edu

Newsletter Editor

Sarah Burgard
University of Michigan
Sociology/Epidemiology/Population Studies Center
500 South State Street
Ann Arbor, MI 48109-1382
burgards@umich.edu

Student Newsletter Editors

Lorinda B. Moore & Andrea N. Polonijo
University of British Columbia
lorinda.moore@alumni.ubc.ca

HEALTH POLICY**BY JENNIE JACOBS KRONENFELD**

(Continued from page 10)

systems, and most are moving ahead with financial alignment demonstrations for beneficiaries eligible for both Medicaid and Medicare. Only two states elected to expand Medicaid before 2014. Reports by this group should be of interest to many medical sociologists.

Another important topic in the implementation of the ACA is the whole issue of creation of accountable care organizations (ACO) The November, 2012 issue of *Health Affairs* has five articles examining various issues linked to this topic. One article points out that by October, 2012, there were already 318 ACOs operating in 48 states. Of these, a bit over half worked with private payers, around 40 percent with public payers only and the rest with both kinds of payers. One of the articles points out that a collaborative accountable care model in three practices has provided some promising early results on controlling costs of care while keeping quality high, the overall goal of the ACO approach. Other articles report experiences of several different academic health science centers. Characteristics such as specifics of the contracts, structure of the organizations and aspects of local context all will lead to differences in the success of different organizations according to authors

of the different articles. Given the interests of sociologists generally in such topics as the importance of social structure and environmental contexts, the implementation of new delivery forms in many different ways in many different communities across the United States provides an opportunity for medical sociologists to become more active in public roles and to apply their sociological skills to what will be a major experiment across the United States in trying to modify and improve models of care delivery in this country. The journal also maintains a website (<http://www.healthaffairs.org/>) with links to a number of blogs on issues related to both the ACA and ACOs for those who would like to follow new comments and issues as they arise. The coming years should be interesting ones as the United States expands the availability of health care insurance to more people and also tries to improve health care delivery models in the United States to provide high quality care at reasonable costs to the most people.



Please send suggestions for future policy column topics to Jennie.Kronenfeld@asu.edu