

MEDICAL SOCIOLOGY NEWSLETTER

SUMMER 2013

INSIDE THIS ISSUE:

NOTES FROM THE CHAIR	1-2
2013 ELECTION RESULTS!	2
CALL FOR NEW STUDENT EDITOR	3
TEACHING TIPS COLUMN	4
CAREER & EMPLOYMENT COLUMN	5-6
HEALTH POLICY COLUMN	6-7
ASSISTING THE ASSISTANT PROFESSOR	8-9
STUDENT NEWS & VIEWS COLUMN	10-11
MEDICAL SOCIOLOGY SECTION-SPONSORED ASA MEETING SESSIONS	12-18
OFFICERS OF THE SECTION	19

REMINDERS

- MSN Fall submissions deadline, September 13, 2013
- 2013 ASA Meeting August 10-13, New York City
- 2014 ASA Meeting August 16-19, San Francisco

NOTES FROM THE CHAIR: LATE BREAKING NEWS ABOUT THE ANNUAL MEETING! BY ALLAN V. HORWITZ



Dear Colleagues,

I hope you are planning to join us for the 2013 Annual Meeting of the American Sociological Association. This year's conference is organized around the broad theme of "Interrogating Inequality: Linking Micro and Macro" and will be held August 10 through 13th in New York City at the Hilton New York Midtown and the Sheraton New York Hotel and Towers. New York is an especially appealing locale for the art lovers among us. The convention hotels are just steps away from the Museum of Modern Art, which houses one of the world's best collections of art from the past century and a half. During the convention it will have a special exhibit of Walker Evans' photographs, which might be of particular interest to sociologists. While somewhat farther away, the Metropolitan Museum of Art, in addition to its spectacular regular collections, will feature an exhibit on the Civil War and American Art. Those with different tastes might appreciate its exhibit on Punk Couture. Fans of Edward Hopper should head to the Whitney (945 Madison Ave. at 75th St.) for an exhibit on his drawings.

If you have not already done so, you can register for the conference and review the entire preliminary program online at: <http://www.asanet.org/AM2013/programschedule.cfm>. The Medical Sociology Section day is the first day of the conference: Saturday, August 10th. However, because our section is one of the largest sections in the association, our section sponsored sessions will be held on both Saturday and Sunday. Thanks to the many members who submitted papers. I am especially appreciative of the skillful planning and efforts of our session organizers – Annemarie Jutel, Kristen Springer, Bill Vega, Owen Wholley, and Miranda Waggoner. In addition, Dawne Mouzon and Dena Smith deserve our thanks for organizing twenty roundtable sessions. As well as the sessions the section is sponsoring, Jennifer Fishman has organized three regular sessions on Medical Sociology that deal with the broad topics of medicalization, physician behavior, and health inequalities. These will also be held on Saturday and Sunday. More details about the papers and sessions are provided elsewhere in this *(continued on page 2)*

RESULTS OF 2013 MEDICAL SOCIOLOGY SECTION ELECTIONS

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.

Remember, it's not too early to think about running for next year!

Laura M. Carpenter, Chair (l.carpenter@vanderbilt.edu); Rene Almeling, Incoming Chair (rene.almeling@yale.edu); Elizabeth M. Armstrong (ema@princeton.edu); Kerry Dobransky (dobrankm@jmu.edu); and Vanessa L. Munoz (vmunoz@brandeis.edu)

Section Chair Elect:

Anne Figert, Loyola University-Chicago

Council Members :

Bridget Gorman, Rice University

Brea Perry, University of Kentucky

Teaching Committee Chair :

Jennifer Reich, University of Denver

Publications Committee Chair :

Kathy Charmaz, Sonoma State University

Career and Employment Committee Chair :

Patricia Rieker, Boston University

Nominations Committee Chair-Elect :

Sara Shostak, Brandeis University

Nominations Committee:

Joanna Kempner, Rutgers University

Miranda Waggoner, Princeton University

Nominations Committee, Student Member :

Meredith Bergey, Brandeis University

Student Representative :

Mieke Thomeer, University of Texas-Austin

NOTES FROM THE CHAIR: LATE BREAKING NEWS ABOUT THE ANNUAL MEETING!

(continued from page 1)

issue of the newsletter.

Our annual Business Meeting and Awards Ceremony will be held Saturday, August 10th from 10:30 am to 12:10 pm. In addition to honoring Chuck Bosk, the 2012 recipient of the Leo G. Reeder Award for Distinguished Contributions to Medical Sociology, we will also recognize the recipients of the Eliot Freidson Outstanding Publication Award, the Robert G. Simmons Outstanding Dissertation Award, and the Louise Johnson Memorial Scholar. The section will also have a new award this year. Through the generosity of the

Kaplan family, the section will award the first Howard B. Kaplan Memorial Award in Medical Sociology to a graduate student. The section reception will be held on Saturday, August 10th from 6:30-8:30 pm. This year's reception is being co-sponsored, once again, by Wiley-Blackwell, publishers of the journal *Sociology of Health and Illness*, and the Robert Wood Johnson's New Directions Program.

I hope everyone has a relaxing and productive summer and look forward to seeing you all in New York.

Warm regards,

Allan

**THANKS TO CURRENT STUDENT EDITORS &
CALL FOR NEW STUDENT EDITOR(S)**

Thanks are due to **Lorinda Moore** and **Andrea Polonijo** at UBC for innovative columns & insightful interviews with fascinating medical sociologists this past year in "Student News and Views." We are now soliciting applications from graduate students to hold this position for 2013-2014. The position increases your visibility to members of the section and offers an opportunity to share your ideas in the form of four columns in the Newsletter.

If you are interested in the position, please send an email to Sarah Burgard, Editor, at burgards@umich.edu.

Please address the following questions in your email:

1. Why are you interested in this position?
2. What are some of your ideas for the "Student News and Views" column?
3. How might these ideas increase student interest in the Medical Sociology Section?

Papers are being sought for volume 32 of Research in The Sociology of Health Care published by Emerald Press. The major theme for this volume is: **TECHNOLOGY, COMMUNICATION, DISPARITIES AND GOVERNMENT OPTIONS IN HEALTH AND HEALTH CARE SERVICES**

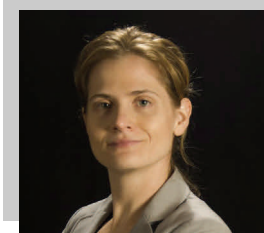
Papers dealing with macro-level system issues and micro-level issues involving technology, communication, disparities and government options linked to health and health care are sought. This includes examination of health and health care issues of patients or of providers of care especially those related to technology, communication, disparities and government options. Papers that focus on linkages to policy, population concerns and either patients or providers of care as ways to meet health care needs of people both in the US and in other countries are solicited. The volume will contain 10 to 14 papers, generally between 20 and 40 pages in length.

Send completed manuscripts or close to completed papers for review by **February 3, 2014**. For an initial indication of interest in outlines or abstracts, please contact the same address by **January 7th, 2014**.

Send to: Jennie Jacobs Kronenfeld, Sociology Program, Sanford School of Social and Family Dynamics, Box 873701, Arizona State University, Tempe, AZ 85287-3701 (phone 480 965-8053; E-mail, Jennie.Kronenfeld@asu.edu). Initial inquiries by email are encouraged and can occur as soon as this announcement is available.

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

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

TEACHING TIPS**BY KATE STRULLY****TEACHING COMPARATIVE HEALTH CARE SYSTEMS**

When I first started teaching medical sociology, I was slightly surprised by how animated and engaged the students became when we began the section on comparative health care systems. In retrospect, I should not have found this surprising. Several of the students who enroll in medical sociology want to pursue professions in health care. Many more of the students have had troubling personal experiences with the U.S. health care system and are very interested in learning more alternative ways to structure health care. Over time, comparative health care systems has become one of my favorite topics to teach in medical sociology.

I usually frame this section in my course in terms of two contrasting ways to view health care within society: health care as a “right” versus health care as a “privilege.” Health care as a “right” aligns with a socialized, government-based system, while health care as a “privilege” fits with a private, market-based system. The students and I then spend one or two class sessions considering how alternative ways of organizing and delivering health services relate more or less closely to these contrasting views of health care within society.

For reading in this section, I usually assign the chapter on “Global Health Care” in William Cockerham’s textbook *Medical Sociology* (Pearson Publishers). In the most recent 12th edition of the book, this is chapter 16. This chapter discusses three basic types of health care systems—socialized medicine, decentralized national systems, and socialist medicine—and uses various countries as examples, including Canada, Great Britain, Japan, Mexico, and China. This chapter does a nice job of laying out the contrasting logics of these different systems, and brings in a sufficient amount of detail for each case study without overwhelming students with too many fine points.

In this section, I also usually have students watch a

PBS Frontline documentary called *Sick Around the World*. This film covers health care systems in five capitalist democracies—Great Britain, Japan, Germany, Taiwan, and Switzerland—and asks what the U.S. can learn from these countries about how to run a health care system. In the film, the narrator travels to each of these five countries and interviews citizens, physicians, and policy makers about the pros and cons of their health care system. This documentary was originally aired in 2008, so some of the details are now out-of-date. But, I still think this film presents a sober and accessible picture of the good and bad points of each of these health care systems and I believe my students have generally gotten a lot from this film. For more information about the documentary and to watch the full program on-line visit:

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/>

NEW AWARD ESTABLISHED

The Howard B. Kaplan Memorial Award in Medical Sociology has been established by Professor Diane S. Kaplan

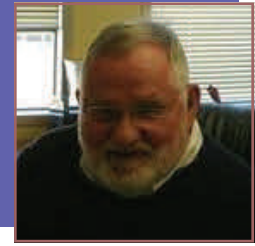
This new award is being established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self concept and health, or deviance, by providing funds up to the amount of \$500 annually to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA).

CAREER & EMPLOYMENT BY WILLIAM COCKERHAM**WORKING AS A MEDICAL SOCIOLOGIST:
GOING SOLO OR AS PART OF A GROUP**

Filling a position in a sociology department as the only medical sociologist has both advantages and disadvantages. The advantage is that you are the “go to” person for medical sociology and have the opportunity to establish yourself as unique in your department. The disadvantage is that there may be no one else to confer with about your research ideas, grant proposals, or to read drafts of your papers with an in-depth understanding of the field. For a junior faculty member, this can be very important—although certainly you can interact similarly with faculty having other specialties in your department or with medical sociology colleagues at other universities. Even though you may have to work harder for dialogue with others in your specialty, this does not mean you cannot have a good career.

A better situation is being in a department with other (at least one or more) medical sociologists. In this case, there can be an ongoing dialogue about the field, ideas about research and papers emerging out of conversations, cooperative ventures, allies with the same vested interests, and the like. I have seen good ideas about research projects generated from engaged office and hallway conversations. This should not be taken to mean that working collectively is always best. Often being a co-author on publications disguises one’s individual contributions and tenure and promotion decisions are based on what the candidate, him or herself, has accomplished. The person’s potential as a scholar and teacher need to be apparent. Some solo and first co-authored works are typically important. Nevertheless, having another medical sociologist as a colleague and sounding board on ideas, reader of drafts, and statistical consultant if necessary, is helpful in being a productive researcher. At a minimum, you would have a friend.

There are also rare situations in which medical sociolo-



gists come in bunches. Anselm Strauss, for example, worked in an old Victorian House with his colleagues on a steep street not far from the UC San Francisco medical campus. Their affiliation was with the nursing school that gave a medical sociology Ph.D. The bedrooms had been turned into offices with desks, file cabinets, and typewriters, coffee was usually brewing in the kitchen, and the living room had comfortable, broken-down chairs for visitors. The dining room may have been a seminar room. The place lent itself to conversation and creativity. And some seminal work came out of this place on death and dying, grounded theory, status passage, and other topics. Unfortunately, they had to vacate the house sometime later when the medical center sold it, but in a time long ago it seemed an ideal place to me, as a visiting graduate student from across the Bay, for the practice of medical sociology.

Few places provide a concentration of medical sociologists. An exception is the University of Alabama, Birmingham (UAB), where the exclusive focus of the sociology department’s doctoral program is on medical sociology. Being able to teach “medical sociology” is an asset, but leads to the question of what else in the field can you teach since virtually all of the tenure-track faculty are medical sociologists. Exceptions are non-tenure track teaching faculty who handle many of the courses in the general program for undergraduate sociology students. In this context, specialties within medical sociology are particularly important in order to provide full coverage of the discipline.

Recent hires have provided a strong capability in quantitative methods and statistics, medical demography, genetics, and especially health disparities. These specialties are important because the department houses

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CAREER & EMPLOYMENT BY WILLIAM COCKERHAM

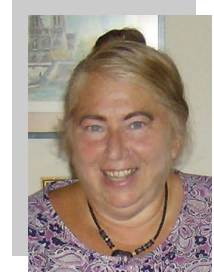
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the Social Determinants of Health Measurement Core of the Mid-South Transdisciplinary Collaborative Center (TCC) for Health Disparities Research. The Mid-South TCC is an NIMHD-funded research center for the study of the social determinants of chronic disease (diabetes, heart disease, obesity, and stroke) among African Americans in Alabama, Mississippi, and Louisiana. Partners are the LSU Health Sciences Center and Dillard University (New Orleans) and the University of Mississippi Medical Center and Jackson State University (Jackson). Sites in Arkansas, Tennessee, and Kentucky are planned.

The next step in hiring (two to four positions are expected) at UAB is in the area of race and health and to build a missing capability in mental health, as well as add more theory, health professions and occupations, health policy, and qualitative methods to round out course offerings. While the program is young, it fits well in a university that evolved out of a major regional medical center with a top twenty-five medical school, seven hospitals, several medical research centers and clinics, a nursing school, and a school of public health. Interdisciplinary research is common.

So there are places where medical sociology is “the leading game in town,” but there are a variety of opportunities nationally for medical sociologists in various universities, medical schools, nursing schools, CDC, and elsewhere. Being a solo medical sociologist in a sociology department can be rewarding and a good job. It is a popular field, attracts students, and has ample opportunities for research. Therefore, a good career is possible as either a solo practitioner or among a cohort of colleagues. Ultimately, it is what one makes of it, regardless of the setting. Where one begins is dependent upon several factors coming together in the right way at a place where there is an opportunity for someone like you. Good luck on finding the right place.

HEALTH POLICY BY JENNIE JACOBS KRONENFELD



Budget Sequestration and Possible Impacts on Health Care

My last few columns have both talked about aspects of the Affordable Care Act (ACA), both in general and some more specific issues about the implementation of some of its major provisions in 2014. While this will continue to be one of the most important issues in health policy in the United States over the next year, a more time specific issue that is now underway is the issue linked to budget sequestration. In this column, I am trying to provide some more straight forward information about sequestration and health, without commenting on issues of politics, but simply reporting what is currently underway. Because of the inability of the Congress and President Barack Obama to agree by March 1 on a plan to reduce the budget deficit, some major across the board cuts in federal agencies and programs will begin. Given some of the negative publicity about certain cuts (especially those linked to airline travel issues) modifications in those cuts have occurred, but within the health care sector as in many other sectors of the federal government, there will still be cuts implemented.

As background, in case people are not familiar with this issue, in August, 2011, as part of the agreement to raise the nation’s debt ceiling, bipartisan majorities in both houses of Congress approved the Budget Control Act of 2011. Part of the goal of this act was to reduce the deficit by 1.2 trillion dollars between 2013 and 2021. This legislation established the threat of across the board or sequestration cuts if the Joint Select Committee on Deficit reduction failed to suggest and have alternative reductions enacted by

(continued on page 7)

HEALTH POLICY BY JENNIE JACOBS KRONENFELD

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Congress. By November, 2011, the select committee declared it was unable to reach an agreement, setting up sequestration to begin on March 1, 2013 because Congress did enact legislation to delay its implementation by 2 months. Nonexempt and nondefense discretionary funding face reductions of 7.6 to 8.2 percent in this fiscal year (McDonough, 2013). Some medical programs are limited to 2 percent reductions, such as Medicare and community health centers. Within the hospital services area, there is concern that these cuts will be more difficult for small community hospitals and clinics that often serve large senior populations and that these facilities will carry more of this burden than larger hospital systems. Other medical programs such as Medicaid and the Veterans Health Administration are exempt from cuts. In Medicare, the cuts will come from reductions in payments to hospitals, physicians and other health care providers in addition to insurers participating in Medicare Advantage Programs (part C). Cuts that impact premiums of part B and part D of Medicare are not allowed, nor are cuts for Part D subsidies and Part A trust fund revenues.

For researchers, one of the larger cuts will be those to the National Institutes of Health (NIH) budget. The agency will face an 8.2 percent across the board reduction for the 7 months remaining in fiscal year 2013. For an agency such as the Centers for Disease Control and Prevention (CDC), these will be cuts that are coming on top of what were major budget reductions in 2011. The agency is anticipating effective reductions of 8 to 10 percent for the rest of this budget year. These cuts may result in less funding for HIV tests, and less immunizations for both adults and children. In addition, the agency is planning to eliminate tuberculosis programs in 11 states and shut the National Healthcare Safety Network, the program that currently tracks health care-associated infections. As cuts are passed from one level of government to an-

other, it is expected that state, county and local public health agencies will also experience budget cuts due to the sequester. For the Food and Drug administration, numbers of inspections of both domestic and foreign food manufacturers will be cut. The Substance Abuse and Mental Health Services Administration plans to cut the Mental Health Block Grant Program, resulting in elimination of services for 373,000 of the 6.9 million adults and children they serve (McDonough, 2013). Other agencies such as the Indian Health Service will also have cuts that are expected to result in reduction of direct services to eligible recipients. Head Start, the early childhood education program that also includes health care services such as free medical and dental care for enrolled children, in addition to meals and after-school activities, will see a five percent cut in funding for fiscal year 2013. For those programs, and in many areas, how cuts are to be implemented will be up to local administrators.

The funds needed for implementation of the Affordable Care Act (ACA) and funding for the Medicaid expansions that are part of that and which I talked about in my previous column are not impacted by sequestration. Similarly, private insurance subsidies that are to begin in January, 2013 as part of the ACA will not be impacted, partially because those are designed to operate as refundable tax credits, and tax credits are an exempt category. Other exempt programs include the Children's Health Insurance Plan, the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families and Supplemental Security Income.

References

McDonough, John E. Budget Sequestration and the U.S. Health Sector. *The New England Journal of Medicine*. 368 (April 4, 2013): 1269-1271.

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

ASSISTING THE ASSISTANT PROFESSOR BY BARRET MICHALEC

In the last issue of the Newsletter, an individual inquired about a recent influx of Biology, Chemistry, and general health pre-professional students in his/her sociology of health-oriented courses. They wondered if others had experienced the same student-body-shift, if others had noticed particular learning style differences between these students and more social science-oriented students, and sought some suggestions to engage all students (regardless of academic interests/background) in the courses.

Responses from you indicated that many others have also experienced this shift. Most responses pointed to the upcoming changes in the MCAT, which could be lending to the increased interest in the social aspects of health among more biological and physical science students. *"It's the MCAT. Pre-Med students thinking about taking the test in 2015 will want to have a fundamental understanding of social and behavioral aspects of health. Med Soc and Soc of Health courses provide that, so all of us should expect to see a continued presence of pre-meds in our classes."* Others suggested that the influx could be due to not just the MCAT but also reports of Med School admission interviews including questions about prospective students' thoughts on the Affordable Care Act, ethics in medicine, cultural competence among health care practitioners, and patient-centered care. *"Students are coming back from their interviews and they're telling their friends 'Hey, I got slammed with an Obamacare question!'; and these friends are taking notice and looking for opportunities to learn more and be prepared".*

Similarly, a majority of those who responded also acknowledged learning-style differences between the groups of students, and suggestions to engage all students included (among others):

"I have found that providing all students examples of well written, well thought out papers beforehand gives

all students, regardless of background, a fundamental understanding of what level of effort is expected."

"It is tough for some students because there isn't always a right or a wrong answer within sociology. A doesn't always lead to B, and answers are not as black and white as may be the case in the biological and physical sciences. I have found that providing different modes of testing like multiple choice, true/false, short answer, and essays can speak to various levels of comfort."

"I encourage active participation and explicitly state so on my syllabus. The diversity of the students' knowledge and perspective lends to excellent discussion."

Again, I very much appreciate all those who responded to last issue's column, and I continue to encourage all Assistant Professors to submit their inquiries, concerns, and experiences. Thus far the most frequent types of submissions I have received have been from assistant professors that feel "swamped", "exhausted", and that they have "...absolutely no time to work on the things I need to work on to get tenure". Interestingly, some of these reflections have featured "tricks" the submitters have themselves employed or have observed from other assistant professors to distance themselves from time-eating responsibilities and happenings (i.e. office hours, various committee meetings, spontaneous conversations with students and/or colleagues, etc.):

"A colleague of mine, a fellow assistant professor, purposely leaves his office light on when he leaves campus so to appear as though he is still in fact in the office, even on weekends."

"When I was a grad student I TA'ed for a new hire that left her door open only a crack, barely at all, while she
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ASSISTING THE ASSISTANT PROFESSOR

BY BARRET MICHALEC

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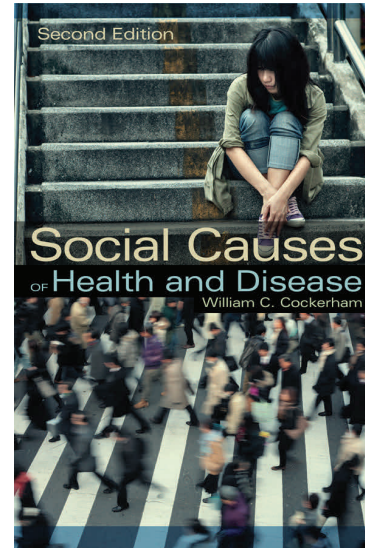
was in the office. She told me she did this purposely to show her colleagues that she was indeed in the office, but to discourage anyone, including students, from popping their head in and disrupting her.”

“I hold my office hours from 8am-9am. No one wants to come to your office at that time.”

“I TA’ed for an assistant professor one semester that explicitly told me to not give any student less than a B on a quiz or exam because he didn’t want to have to deal with grade-griping and he wanted decent evaluations for his review.”

These are a mere selection of the examples of “tricks” that I have read in various submissions. I am sure that no one reading this supports or advocates for these types of behaviors – but clearly they are happening on campuses everywhere. These are maneuvers to save time (by avoiding students and colleagues) and to appear present and busy. Of course none of it will matter unless the faculty member in question has the dossier to climb the tenure ladder – but these behaviors are nonetheless quite discouraging. What worries me most, however, is that these behaviors/tricks could be passed down from harried assistant professors to other assistant professors and even graduate students. Therefore, the question posed for this issue is: What are suggestions for time-saving and effective work habits that others have found useful and effective that do not involve trickery, grade inflation, or isolating oneself from students and fellow faculty? I understand this is a broad question, but given the extensive amount of submissions I have received on this topic I feel it is important to cast the net as wide as possible.

I look forward to your responses (**email me directly at: bmichal@udel.edu**).



New Book Announcement

Social Causes of Health and Disease

Second Edition

William C. Cockerham

University of Alabama at Birmingham

“Organized around a remarkably broad and cogent theoretical framework, this book is an outstanding resource for medical sociologists in their research and teaching. The empirical and theoretical insights also are deeply relevant for public health professionals and policymakers as they struggle to identify ways to improve the health of communities around the world.”

Eric R. Wright, Indiana University-Purdue University
Indianapolis

“William Cockerham has written a thorough and comprehensive book elucidating the wide range of social causation of disease. Rather than taking a biomedical disease-by-disease approach, Cockerham emphasizes how particular sociological factors produce disease and illness. Established health researchers and neophytes alike will find great value in this volume.”

Peter Conrad, Brandeis University

January 2013 | 264 pages | \$24.95

978-0-7456-6120-9 www.politybooks.com

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



Achieving Success in Academic and Policy Realms:

Words of Wisdom for Future Graduates

For our final column we wanted to share insight from a recent Medical Sociology graduate who has had success in both the academic and policy realms. Dr. Brooke Hollister completed her PhD at the University of California, San Francisco (UCSF) in 2008. She is an Assistant Professor of Sociology in the Institute for Health & Aging at UCSF and Principal Investigator of two research projects: the Administration on Aging funded San Francisco Dementia Support Network and the National Institute on Aging funded Senior Peer Alliance for Rural Research on Wellness. Currently, she is living in DC where she is a Health and Aging Policy Fellow working in the office of Nancy Pelosi, the Democratic Leader of the US House of Representatives. We asked Brooke to share some of her experiences with us, as well as to offer some words of wisdom for future graduates.

Q: What have you found most challenging career wise since finishing your Ph.D.?

A: Writing an NIH grant! Even with some experience with grant writing and management in graduate school and participating in a grant-writing workshop at UCSF, I am still amazed at the complexity of the grant writing process! Make friends with your pre-award staff and write grants with seasoned colleagues until you learn the ropes.

Q: What do you see as the value of a degree in Medical Sociology, specifically for working in the field of health policy?

A: It is hard for me to imagine a career that wouldn't at least benefit from the sociological imagination ob-

tained with a Sociology degree. In my work in health policy, many elements of my Medical Sociology training have been invaluable: a critical perspective toward health care systems; the interplay between culture, politics, and economics in medicine and health care; social construction and the analysis of discourse, framing, and communications; and the detrimental impact of inequalities and injustices in a democracy.

Q: What are some of the key differences you've encountered working in both the academic and policy arenas?

A: When I was playing the role of advocate/activist, creating policy materials, or testifying, I saw some differences, but not as many as I should have seen. Working as a Policy Fellow, I am in the room, at the table, and often feel completely out of my element! Teaching and studying policy is inadequate preparation for the political process; to my knowledge there is no way to fully learn the political process without being directly involved. Being an academic and/or an advocate comes with certain privilege; on the Hill there is no academic freedom and what you may see as impenetrable truth is useless without messaging and strategy.

Q: What advice would you give to Ph.D. students who are on or soon to be on the market?

A: When I was still a graduate student looking at job options, I thought I would have to choose between my interests in academia, policy, and advocacy. While balancing the three can be difficult at times, it is not impossible. If you are interested in an academic career that involves all three, look for positions that give you some flexibility with your time, in departments where your colleagues have similar interests and approaches to their work.

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

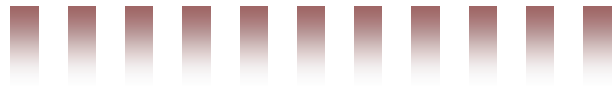
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Adjunct positions, while they are less secure than tenure track positions, allow more flexibility and can allow you to focus on grant writing, research, and publications that are motivated more by policy than by academic advancement.

We would like to thank Dr. Hollister for taking the time to share her insights and experiences with us.

As our term as the student editors for this column comes to an end, we hope that we have provided useful insights for current students of medical sociology. In our series of columns we have attempted to bridge the gap between theory and practice in an effort to broaden the horizons of budding medical sociologists. We have provided suggestions of additional/alternative routes for disseminating research findings as well as offered insight into how those findings are put to use in public health, medical education curriculum, and health/social policy decisions.

We have enjoyed creating this column and hope that you have enjoyed reading it. Many thanks to the Medical Sociology Section of the American Sociological Association for selecting us for this unique opportunity and we look forward to reading the work of our successor(s).



Thanks again to Lorinda & Andrea for their excellent work this past year. Remember, students are welcome to apply to be our next student newsletter editor. **See the call for applications on page 3 of this issue.** Consider applying yourself or encourage your students to apply—it is a wonderful opportunity for service to the profession and greater visibility in the Medical Sociology Section.

The time has come, once again, to consider donating a book to the ASA Medical Sociology Section's Annual Book Raffle!

The time has come, once again, to consider donating a book to the ASA Medical Sociology Section's Annual Book Raffle. You may contribute your own (people often have extra copies of books they have written) or extra copies of other people's books that you may have received. **PLEASE, CURRENT TITLES ONLY AND NO TEXTBOOKS.** Remember, these donations are going to a worthy cause – to provide support for the Leo G. Reeder and Roberta G. Simmons Awards. If you have any questions about potential donations, please contact me at susan.stockdale@va.gov. Please send books by **August 1, 2013** so that I can transport them to the ASA meeting. Thank you for your generous support! Please send your donated copies to:

Susan E. Stockdale, Raffle Chair, HSR&D Center of Excellence, VA Greater Los Angeles Healthcare System (152), 16111 Plummer Street, Building 25, Room A-103, Sepulveda, CA 91343

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

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

Other sessions of interest not sponsored by the Section can be found in the online program under topics including: medical sociology, health care and health delivery, health policy, health and well-being, mental health, social dimensions of AIDS, and others!



SATURDAY, AUGUST 10th

7:00 am Meetings: Section on Medical Sociology Council Meeting

8:30-10:10 031. Section on Medical Sociology Paper Session. Sociology of Diagnosis

Session Organizer: *Annemarie Jutel*, Victoria University-Wellington

President: *Tania M. Jenkins*, Brown University

In Somebody Else's House: Domestic Violence Advocacy and the Medicalization of Abuse Victims. *Paige Lenore Sweet*, University of Illinois-Chicago

Diagnosing Depression: a story of how sadness has come to be counted. *Brian Lindseth*, University of California-San Diego

Diagnostic diversity: The role of social class in diagnostic experiences of infertility. *Ann V. Bell*, University of Delaware

Embracing a Brain Disease: How Migraine Advocates Contest One of the Most Common Diagnoses. *Johanna Kempner*, State University of New Jersey-Rutgers

Discussant: *Annemarie Jutel*, Victoria University-Wellington

10:30-11:30 058. Section on Medical Sociology Invited Session. Reeder Award Ceremony

Session Organizer: *Allan Horwitz*, State University of New Jersey-Rutgers

Panelist: *Charles L. Bosk*, University of Pennsylvania

11:30-12:10 Section on Medical Sociology Business Meeting

2:30-4:10 103. Section on Medical Sociology Paper Session. Emergent Research in BioSocial Interactions

Session Organizer: *Kristen W. Springer*, State University of New Jersey-Rutgers

President: *Kristen W. Springer*, State University of New Jersey-Rutgers

Childhood Trauma and Inflammation in Adulthood: An Examination of Age Variation and Mediating Mechanisms. *Chioun Lee*, Princeton University

Gender-specific gene-environment interaction in alcohol dependence: The impact of daily life events and GABRA2. *Brea Louise Perry*, University of Kentucky; *Bernice A. Pescosolido*, Indiana University

Neighborhood Disorder and Stress: The Impact of Cortisol and Neighborhood on HIV Disease Progression. *Lauren M. Kaplan*, Goethe-Universität; *Gail Ironson*, University of Miami; *Rick Stuetzle*, University of Miami; *Heidmarie Kremer*, University of Applied Services-Frankfurt; *Terrence D. Hill*, Florida State University

Socioeconomic status, health behavior, and leukocyte telomere length. *Belinda L. Needham*, University of Michigan; *Nancy E. Adler*, University of California-San Francisco; *Steven Gregorich*, University of California-San Francisco; *David Rehkopf*, Stanford University; *Jue Lin*, University of California-San Francisco; *Elizabeth Blackburn*, University of California-San Francisco; *Elissa Epel*, University of California-San Francisco

Discussant: *Jeremy Freese*, Northwestern University

(continued on page 13)

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

(continued from page 12)

4:30-6:10 103. Section on Medical Sociology Paper Session. Emergent Research in BioSocial Interactions

Session Organizers: *Dawne M. Mouzon*, State University of New Jersey-Rutgers and *Dena T. Smith*, Goucher College

Table 01. Social Networks and Health

Table President: *Alyn Turner McCarty*, University of Wisconsin-Madison

Relationships of Choice: Can Friendships or Fictive Kinships Explain the Race Paradox in Mental Health? *Dawne M. Mouzon*, State University of New Jersey-Rutgers

Does Your Body Know Who You Know: Social Capital and Body Weight. *Lijun Song*, Vanderbilt University; *Bhumika Piya*,

Marital Status Duration, Marital History, and Allostatic Load. *Sunshine Marie Rote*,

Social Ties and Use of Chinese Medicine Consultation Services in Hong Kong. *Gina Lai*, Hong Kong Baptist University; *Odalia Ho Wong*, Hong Kong Baptist University; *Vincy Lai*, Tung Wah Group of Hospitals

Neighborhood vs. Networks: component-level analysis of subjective health status. *Yoosik Youm*, Yonsei University, South Korea; *Kiho Sung*, Yonsei University, South Korea

Table 02. Utilization/Health Care Services

Table President: *Allison Houston*, State University of New York

The Effect of Parent's Perception of Child's Health and the Influence of Resources on Utilization. *Cory Cronin*, Case Western Reserve University; *Jessica A. Kelley-Moore*, Case Western Reserve University

The Scarcity of Rationing in a Radiation Oncology Clinic. *Janet Hankin*, Wayne State University

The Social Determinants of Quality Dialysis Treatment in the Atlanta Metro Area. *Carolyn Robbins*, Emory University

Characterizing Which Patients with Chronic Conditions Become Involved with Care Management Programs/Models. *Cirila Estela Vasquez Guzman*,

University of New Mexico

Table 03. Sexualities and Health.

Table President: *Eric Anthony Grollman*, Indiana University

Sexual Minority Status and Health Services Utilization Among Young Adults in the United States. *Elbert P. Almazan*, Central Michigan University; *Michael E. Roettger*, Pennsylvania State University; *Pauline S. Acosta*, Central Michigan University

Sexual Orientation and Health during the Transition to Adulthood. *Jennifer Pearson*, Wichita State University; *Lindsey Wilkinson*, Portland State University

Sexual minority women and health disparities studies: the importance of a multidimensional conceptualization. *Julia Przedworski*, University of Minnesota

Social networks and sexual risk behavior among Chinese male rural-urban migrant laborers: social disorganization or subculture? *Xiaozhao Yousef Yang*, Purdue University

Professional Decision Making: How Medical and Mental Health Professionals Collaborate with Trans-Identified Patients. *Jodie Marie Dewey*, Concordia University

Table 04. Diagnosis and Medicalization

Table President: *Brent Mack Shea*, Sweet Briar College

Crash Avoidance Versus Safer Crashing: Constructing Meanings of Safety in a State Motorcyclists' Rights Organization. *Scott Setchfield*, Indiana University-Bloomington

Contested Emergencies: Medical Providers and Parents Negotiating Adherence in Allergic Reactions. *Vanessa Lopes Munoz*, Brandeis University

Deresponsibilization: The case of MS and the effects of clinical practice guidelines. *Ariane Hanemaayer*, University of Alberta

Diagnostic Dissonance and Biomedical Resistance: Practitioners' Negotiations of Adolescent Mental Illness Diagnosis. *Amber D. Nelson*, University of Maryland

(continued on page 14)

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

(continued from page 13)

Table 05. Identity and Health

Table President: *Jennifer Hemler*, State University of New Jersey-Rutgers

Bald Women and Men Wearing Wigs: Breast Cancer, HIV/AIDS, and the Inversion of the Spoiled Identity. *Bradley Shawn Powell*, Case Western Reserve University

Social determinants of the sick building syndrome. *Mimmi Barmark*, Lunds Universitet

The Body, Identity, and Connections to Place: Narratives of Coping in a Contaminated Community. *Laura Beth Atkins*, University of Illinois at Urbana-Champaign

The Creation and Mobilization of New Entities: The Case of HLA. *Lianna Hartmour*, University of California-Los Angeles

The Risk Experience: Social Effects of Undergoing Health Screening and Being Designated as At Risk. *Chris Gillespie*, Brandeis University

Table 06. Immigration and Health

Table President: *Hyeyoung Woo*, Portland State University

Immigrant Health: A Comparison between Middle Eastern Immigrants and US-born Whites. *Neveen Fawzy Shafeek Amin*, University of Texas-Austin

Nativity Differentials in the Prevalence of Comorbidity and Disability among Elderly Latinos. *Marc Anthony Garcia*, University of Texas-Austin

Sickness absence differences between natives and immigrant workers. *Idunn Brekke*, Institute for Social Research; *Pål Schøne*, Institute for Social Research

The Sandwiched Generation: The Intersecting Paradoxes of Care for Immigrant Informal Caregivers. *Jenny R. Flagler*, University of Waterloo

Health Care Satisfaction and the Latino Health Paradox: Immigration, Acculturation, Language. *Russell K. Schutt*, University of Massachusetts-Boston

Table 07. International Health I

Table President: *Patricia P. Rieker*, Boston University
Refugee women's maternal care experiences - A case study of implementing the Salutogenic theory in practice. *Annika Linnea Lillrank*, University of Helsinki

Regional variations in health disparities: A cross-regional comparison of health determinants in reform-era China. *Soyoung Kwon*, Haverford College

Repayment strategies among Japanese heart transplant recipients. *Ikuko Tomomatsu*,

Subjective Social Status, Perceived Social Mobility and Health in China. *Lei Jin*, Chinese University-Hong Kong; *Tony Tam*, Academia Sinica and Chinese University-Hong Kong

Table 08. International Health II

Table President: *Shawn Bauldry*, University of North Carolina-Chapel Hill

Citizenship, education and health in Thailand: The impact of parent citizenship status on HIV knowledge. *Stephanie Koning*, University of Wisconsin-Madison; *Amanda Leigh Flaim*, Cornell University

Education and Health in Later Life: A Comparative Study of 11 European Countries. *Melissa Hardy*, Pennsylvania State University; *Adriana Marie Reyes*, Pennsylvania State University; *Francesco Acciai*, Pennsylvania State University

Imagining a Genetic Community: Human Classification, National Identity, and the Taiwan BioBank. *Yu-yueh Tsai*, Academia Sinica

Sustainability of M-health Projects in Ghana. *Christobel Asiedu*, Louisiana Tech University

Table 09. Inequality, Race, and Health

Table President: *Gloria Jones-Johnson*, Iowa State University

Between personalized medicine and racialized medicine: the story of IRESSA. *Shirley (Hsiao-Li) Sun*, Nanyang Technological University

(continued on page 15)

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

(continued from page 14)

Obamacare, Race and the Politics of Health Reform.
Judy Lubin, Howard University

The Divergence of Racial/Ethnic Trajectories of Health.
Shawna L. Rohrman, Indiana University

Race/Ethnicity and the SES Gradient in Women's Cancer Screening Utilization: A Case of Diminishing Returns?
Shannon M. Monnat, University of Nevada-Las Vegas

Table 10. Inequality, Gender and Health

Table President: *Meghan Aileen Novisky*, Kent State University

Gendered Determinants of HIV Contagion in India.
Tanni Chaudhuri, Texas Wesleyan University

The Social Context of Sexual Health Risk and Health Care Use Among Women Leaving Jail.
Megha Ramaswamy, University of Kansas School of Medicine

What Happens in High School Doesn't Stay in High School: Adolescent Schooling and Adult Inflammation.
Kristen Marie Schorpp, University of North Carolina

Male breast cancer: a gendered risk.
Christian Bröer, University of Amsterdam; *Anne-Elisabeth Driessen*, UMC Radboud, Intertemporal Choices towards Health Behavior. *Ajeen* Netherlands; *Tom Horlick-Jones*, Cardiff University

Table 11. Inequality and Health Care

Table President: *Cynthia G. Colen*, The Ohio State University

A Comparison of Racial and Ethnic Differences in Physician Trust Between Users and Non-Users of Healthcare.
Celeste Campos-Castillo, Dartmouth College

Medical Science and Inequality in Hansen's Disease.
Yiling Hung, University of California-Los Angeles

Structural and Sociocultural Factors Shaping *ah*
Haynes, New York Medical College

The HPV Vaccine and Intersections of Inequality, Risk, and Trust.
Kelly Rhea MacArthur, Kent State University

Table 12. Medical Education

Table President: *Sharon Preves*, Hamline University

Beyond the Pecking Order: Rethinking Hierarchy in Graduate Medical Education.
Tania M. Jenkins, Brown University

International and American Medical Graduates: Post-Graduate Year 1, Professional Socialization, and the Culture of Residency.
Aarati Rao, University of Washington and Seattle Children's Hospital; *Christopher R. Freed*, University of South Alabama; *Riley F. Trimm*, University of South Alabama

Open Doors and Clear Boundaries: Mentorship in the Changing Context of Graduate Medical Education.
Sarah Knudson, St. Thomas More College, University of Saskatchewan; *Jennifer Charlesworth*, Institute of Medical Science, University of Toronto

Dissecting First-Year Students' Perceptions of Health Profession Groups: Potential Barriers to IPE.
Barret Michalec, University of Delaware

Table 13. Health Professions

Table President: *Daniel A. Menchik*, Michigan State University

A Typology of Primary Care Workforce Innovations in the United States since 2000.
Asia Friedman, University of Delaware; *Karissa A Hahn*, Robert Wood Johnson Medical School; *Rebecca Etz*, Virginia Commonwealth University; *Anna M Rehwinkel-Morfe*, Department of Justice, Bureau of Prisons; *William L Miller*, Lehigh Valley Health Network; *Paul A Nutting*, Center for Research Strategies; *Carlos R Jaen*, University of Texas-San Antonio; *Eric K. Shaw*, State University of New Jersey-Rutgers; *Benjamin F Crabtree*, Robert Wood Johnson Medical School

Culture, Power and Organizational Implementation: Physician Organizations' Use of Evidence-based Management.
Joris Gjata, University of Virginia

Losing Confidence in Medicine in an Era of Medical Expansion?
Hui Zheng, The Ohio State University

Sociological perspectives on the health of health care workers: Physicians, nurses, and others.
Diane S. Shinberg, Indiana University-Pennsylvania

(continued on page 16)

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

(continued from page 15)

Table 14. Social Structure and Health

Table President: *Duane A. Matcha*, Siena College

Coverage of the Affordable Care Act by International Newspapers: What are they Telling Us? *Duane A. Matcha*, Siena College

Influence of Multiple Chronic Conditions on Labor Force Outcomes: A Population Study of U.S. Adults. *Brian W. Ward*, National Center for Health Statistics

Political Ideology, Confidence in Government, and Attention to the Media and Resistance to Vaccination. *Gustavo S. Mesch*, University of Haifa; *Kent Schwirian*, The Ohio State University

When single-payer meets a market-driven health care industry: the Taiwan experience. *Meei-Shia Chen*, National Cheng Kung University

Table 15. Policy/Technology and Health

Table President: *Joy Rayanne Piontak*, North Carolina State University

Notify Your Partners -- It's the Law: HIV Post-Test Counseling Practices in the US South. *Bronwen Lichtenstein*, University of Alabama; *Kathryn Whetten*, Duke University

Examining WHO Spends: Global Health Expenditures as a Predictor of Health Status. *Bryan Lagae*, University of Miami; *Isabelle Christine Beulaygue*, University of Miami

Testing immigrants at the border: disease, politics and the collective imaginary. *Rosemary C.R. Taylor*, Tufts University

The World's Not Ready for This: Globalizing Selective Technologies. *Lauren Jade Martin*, Penn State Berks

A Critical Perspective on Information-Communication Technologies (ICT), Work Organization and Nurses Experiences. *Luc Bonneville*, University of Ottawa

Table 16. Theory and Language

Table President: *Janet Hankin*, Wayne State University

Economics vs. Culture: Exploring the Theories of Marx and Weber through Biomedicine. *Chelsea Ann Platt*, University of Missouri

Public Health NGOs & Open Access: Linking Micro-Practices of Research Access With Macro-Inequalities. *Cheryl Ann Holzmeyer*, Stanford University

The Sick Role and End-Stage Renal Disease. *Angela D Byrd*, Western Kentucky University

Table 17. Pregnancy/Fertility

Table President: *Ann V. Bell*, University of Delaware

Does Method of Payment Affect Birth Outcomes? Examining Birth Outcome Risks by Type. *Heaven Handley*, University of New Mexico

Exploring Attitudes about Infertility and Infertility Treatment: A Content Analysis of Online News Reader Comments. *Anna Sanders-Bonelli*, Viterbo University

Presumptions and Practices of Ultrasound Health Care Workers in the Abortion Context. *Katrina E. Kimport*, University of California-San Francisco

Risky Bodies, Prenatal Care & Fatness: Early Themes. *Natalie Ingraham*, University of California-San Francisco

Vaginal Birth After Cesarean: Mothers' Decision Making and the Importance of Assumptions About Bodily Failure. *Tanya N. Cook*, University of Wisconsin-Madison

Table 18. Childhood and Families

Table President: *Ana Lilia Campos-Holland*, Connecticut College

Child development and riskization: The Collective Surveillance on Early Childhood in Modern Taiwan. *Fan Tzu Tseng*,

Little Apples and Little Hugs: School Lunchtime in a Low-income Philadelphia Neighborhood. *Elizabeth Derickson*, Princeton University

(continued on page 17)

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

(continued from page 16)

Physician Communication in Pediatric End-of-Life Care. *Lori Brand Bateman*, University of Alabama-Birmingham; *Belinda L. Needham*, University of Michigan; *Nancy M. Tofil*, University of Alabama-Birmingham; *Marjorie White*, University of Alabama-Birmingham; *LaToya J. O'Neal*, University of Alabama-Birmingham; *Leon Dure*, University of Alabama-Birmingham

Union status, parenthood, and cardiovascular risk among young adults. *Adrienne Frech*, University of Akron; *Jamie L. Lynch*, St. Norbert College

Directing Meal Time: Understanding Pre-School Teachers' Food Parenting Styles. *Hilary M. Dotson*, University of South Florida; *Elizabeth Vaquera*, University of South Florida; *Solveig Argeseanu Cunningham*, Emory University

Table 19. Food and Obesity/Body Image

Table President: *Hilary M. Dotson*, University of South Florida

Child Maltreatment and Obesity: Are Racial/Ethnic Minority Adolescents Worse Off than their White Peers? *Ashleigh E. Kysar-Moon*, Purdue University

Maternal Employment, Adolescent's Unhealthy Lifestyle and their Body Mass Index: Evidence from NLSY 97. *Haena Lee*, University of Chicago

Money, Mothers, and Manteca: Race, Class, & Gender in Media Discourses of Childhood Obesity. *Angela M. Barian*, Cardinal Stritch University

Tipping the Scales: Examining Nativity, Weight, and Preterm Birth Among Black Women. *Karyn Alayna Stewart*, Syracuse University

obesity in New England. *Hosik Min*, Norwich University; *Wendy Fuller*, Norwich University

Table 20. Complementary/Alternative Medicine and Religion

Table President: *Jae-Mahn Shim*, University of Chicago

Do Alternative Medicine Patients Differ from Conventional Medicine Patients?: Survey-Questionnaire Results on Chronic Pain Sufferers. *Misty Amado-*

na Curreli, State University of New York-Stony Brook

Epistemic Strategies and Boundary Objects in Complementary and Alternative Medicine: Acupuncture vs. Christian Science. *Kellie Owens*, Northwestern University

Religion, Diabetes-Related Knowledge and Behaviors, and HbA1c Levels. *Maureen Reindl Benjamins*, Sinai Urban Health Institute; *Joseph F. West*, ; *Steven Whitman*, Sinai Urban Health Institute

The Effects of Prayer and Meditation on Depression and Disability in Older Adults. *Sophia Lyn Nathenson*, Oregon Institute of Technology

The Rise of Complementary and Alternative Medicine: Prevalence among Individuals with Mental Disorders. *Rachael Allen*, East Tennessee State University

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

SUNDAY, AUGUST 11th

8:30-10:10 168. Section on Medical Sociology Paper Session. Emerging Medical Epidemics

Session Organizer: *Miranda R. Waggoner*, Princeton University

President: *Miranda R. Waggoner*, Princeton University

Follow Those Numbers: Constructing the Environment in Autism Science. *Martine Danielle Lappe*, University of California-Los Angeles

Resistant Bacteria: a Global Health Issue Between Pharmaceutical Regulation and Scientific Marketing. *Quentin Ravelli*, University of Paris-Descartes

The Intermingling of Age, Period, and Cohort Effects in the Increasing Overweight in China, 1989-2009. *Qiang Fu*, Duke University; *Kenneth C. Land*,

(continued on page 18)

SECTION-SPONSORED SESSIONS AT THE 2013 ASA MEETINGS IN NEW YORK CITY

(continued from page 17)

Framing Chronic Disease Epidemics: Political Uses of the Continuum. *Nancy G. Kutner*, Emory University

Discussant: *Peter Conrad*, Brandeis University

10:30-12:10 202. Section on Medical Sociology Paper Session. Sociological Perspectives on the DSM-5 (co-sponsored with Section on Sociology of Mental Health)

Session Organizer: *Owen Whooley*, University of New Mexico

President: *Kristin Kay Barker*, University of New Mexico

Categorical Reflections: The Implications of the DSM-5 for the Sociology of Mental Health. *Owen Whooley*, University of New Mexico

Diagnostic Domain Defense and the DSM-5: The Case of Autism Spectrum Disorder. *Kristin Kay Barker*, University of New Mexico; *Tasha Randall Galardi*, Oregon State University

From Sickness to Badness: The De Facto Demedicalization of Borderline Personality Disorder. *Sandra Sulzer*,

Putting "Culture" in its Place: The Cultural Formulation Interview in the DSM-5. *Lauren Olsen*, University of California-San Diego

Discussant: *Michael First*, Columbia University

12:30-2:10 242. Section on Medical Sociology Paper Session. Immigration and Health

Session Organizer: *William Vega*, University of Southern California

President: *William Vega*, University of Southern California

Disparities in Access to Health Insurance and Health Care Services for Immigrant Children. *Ethan J. Evans*, University of California, Davis; *Caren Arbeit*, University of Minnesota

Making sense of Asian American ethnic neighborhoods: a typology and application to health.

Emily C. Walton, Dartmouth College

Nativity status, ethnic enclaves, and social ties: Implications for understanding immigrant and Latino health paradoxes. *Edna A. Viruell-Fuentes*, University of Illinois at Urbana-Champaign; *Jeffrey Morenoff*, University of Michigan; *David R. Williams*, Harvard University; *James S. House*, University of Michigan

The Dynamic Relationship between Immigrant Peer Networks and Health Risk Behaviors: Selective Acculturation or Classic Assimilation? *Michael David Nino*, University of North Texas; *Tianji Cai*, University of North Texas

The Provision of Social Support: Linking Social Networks and Immigrant Health. *Elyse Kovalsky*, Northwestern University



**RENEW YOUR SECTION MEMBERSHIP & PLEASE
KEEP SIGNING UP YOUR STUDENTS AND ENCOURAGING
YOUR COLLEAGUES TO JOIN!**

A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA**Section Officers****Chair**

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ASA 2013 Medical Sociology Section Activities for Graduate Students !

Coordinated by Graduate Student Representatives Lianna Hartmour and Chioun Lee

Discussion with Reeder Award Winner Charles Bosk: Dr. Bosk has kindly agreed to attend an informal gathering with graduate student section members. Please come to discuss research projects, career development, medical sociology and more.

Graduate Student Luncheon: Graduate student section members will meet after the business meeting over lunch to connect and network.

Research Interest Matching: Graduate student section members will be invited to be part of an email exchange. Students with similar research agendas will be matched so they can make arrangements to meet during the conference.

****More information will be announced via the section listserv once details are finalized****