

Medical Sociology Newsletter

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Special points of interest:

- Interview with David Mechanic
- Guest column by David Casarett, MD (Author of *Stoned*)
- Slate of Candidates for 2016 Elections!

NOTES FROM THE CHAIR

By Kristin K. Barker kbarker@unm.edu



The Spring Newsletter is devoted to health policy. Although my research does not focus on health policy per se, my teaching commitments sit squarely within a key health policy debate.

I teach medical sociology to pre-med students in a BA/MD pipeline program at the University of New Mexico. The BA/MD Program is designed to help address the physician shortage by assembling diverse students who are committed to practicing in New Mexico's underserved communities. Student tuition, housing, and academic support costs are paid by the taxpayers of New Mexico.

I teach these students in their freshman year. Most of them are eighteen or nineteen years old when they come to my class. If they succeed in the BA program and meet the MCAT score requirement, they are guaranteed a spot in UNM's School of Medicine four years down the road. When I look at these future doctors, who are to a considerable degree representative of the New Mexican population, I cannot help but feel a bit

hopeful. This is noteworthy because I am unquestionably a glass-half-empty type of person. I see these students as one piece of a much larger response to addressing health disparities in our rural, multi-ethnic and high poverty state. Not only do many of these students come from marginalized economic, geographic and racial-ethnic communities, but by the time they graduate they will have taken a series of courses in the humanities and social sciences focusing on the health and health-care needs of New Mexicans. Who these students are and how they have been trained give me cause to be hopeful.

Parenthetically today is Match Day, one of the most important and worrying days in a student's four years of medical school. On Match Day medical students across the country are notified of their residency matches. UNM's BA/MD program is fifteen years old, which makes this the eighth year that students from our program have spent an anxious Match Day waiting to learn what is next for them. There is an important

debate about residency matching and requirements. If students do not match into a residency program they are effectively unable to practice medicine. This loss of human capital is all the more problematic in light of the provider shortage in underserved communities across the country. This debate aside, UNM BA/MD graduates typify a different type of physician as they (hopefully) prepare to transition into the residency phase of their training.

But, I am a sociologist. I know that a pipeline program is an upstream response to what are primarily downstream problems. Changing the background composition of medical providers and even altering their training will fall short when it comes to fundamentally addressing health disparities. What we really need are broad, redistributive social policy solutions. But every now and then, including today, Match Day 2016, I allow myself to engage in glass-half-full thinking.

Post Notices on the ASA Medical Sociology Section List

<MEDSOC@LISTSERV.NEU.EDU>

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

Section Slate of Candidates for 2016 Elections

Rachel Best, Chair, Nominations Committee

Nominations Committee: Jason Schnittker (Chair-Elect); Julia E. Szymczak, Ophra Leyser-Whalen, & Rachael Lee

Thanks are due to our terrific committee and chair for their hard work and to all who were willing to run for office.

Chair-Elect

Jane McLeod, Indiana University
Kristen Springer, Rutgers University

Council Members

Daniel Menchik, Michigan State University
Richard Carpiano, University of British Columbia

Chair-Elect, Nominations Committee

Andrew London, Syracuse University
Marine Lappe, UCLA

Membership Committee Chair

Corinne Reczek, Ohio State University
Anna Mueller, University of Chicago

Secretary/Treasurer Elect

Danielle Bessett, University of Cincinnati
Elizabeth Chiarello, Saint Louis University

Health Policy & Research Committee Chair

Erin Madden, University of New Mexico
Thomas Mackie, Rutgers University

Member, Nominations Committee (vote for 2)

Marissa King, Yale University
Elaine Hernandez, Indiana University
Emily Mann, University of South Carolina
Georgiann Davis, UNLV

Student Member, Nominations Committee

Catherine Tan, Brandeis University
Emily Jones, University of Kansas

Student Representative

Cirila Estela Vasquez Guzman, University of New Mexico
Will McConnell, Indiana University

SEEKING NOMINATIONS FOR 2017 REEDER AWARD

Nominations are due by May 31, 2016

The Medical Sociology Section invites nominations for the 2017 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Seattle. This award is given annually for Distinguished Contribution to Medical Sociology. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity 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 to Debra Umberson (umberson@prc.utexas.edu) with the subject line: 2017 Reeder Award Nomination.

Nominations are due by May 31, 2016. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.

SEEKING NOMINATIONS FOR 2016 LOUISE JOHNSON SCHOLAR

Applications are due by May 15, 2016

The Medical Sociology Section will select a student member of the section to be the 2016 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, a former colleague of Louise Johnson. The Scholar will receive travel funds up to \$350 to present at the annual ASA meetings and attend section events. Selection will be 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 2016 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 should be sent via email, as Word documents or PDFs, to Bridget Gorman (bkgorman@rice.edu) with the subject line: 2016 Louise Johnson Scholar Nomination. Applications are due by May 15, 2016.



Teaching

Laura Senier lsenier@neu.edu

The March 16 issue of JAMA had a quartet of invited editorials on health care policy, including one that recommends repealing the ACA and replacing it with a suite of market based reforms. As the presidential election continues to unfold, I'm betting that we can all expect to hear many more proposals along these lines, so this quarter I'm highlighting sources I consult for up-to-date information on health policy.

Estimating the impact of the ACA is contentious, even when it comes to seemingly simple questions such as whether or not it has really reduced the number of uninsured Americans. The Kaiser Family Foundation website has a wealth of resources on the ACA (www.kff.org). It has a very helpful brief explaining different ways of disaggregating the number of people who have found insurance through the exchanges, and offering some explanations for why participation in the exchanges has been lower than expected (<http://kff.org/private-insurance/issue-brief/assessing-aca-marketplace-enrollment/>). Another brief separately analyzes the uninsured nonelderly population (approximately 32 million Americans; <http://kff.org/uninsured/issue-brief/new-estimates-of-eligibility-for-aca-coverage-among-the-uninsured/>). I use this

brief with undergraduates to illustrate the dramatic impact of state variations in Medicaid expansion. This brief, for example, has a clickable and sortable table that quickly shows which states have the highest proportion of uninsured in different categories (e.g., ineligible because of income, immigration status, having an option for employer-sponsored insurance, or because their state didn't choose to expand Medicaid). KFF also keeps their data on Medicaid expansion states up-to-date (three additional states signed on in 2015), so be sure to check their site for the most current data.

Lest anyone accuse us of highlighting only the liberal side of this debate, we can also find a wealth of resources on the American Enterprise Institute's website (www.aie.org). A March 2016 column praises the strategies that Marco Rubio has pursued to dismantle ACA subsidies (<https://www.aei.org/publication/rubio-draws-more-blood-on-obamacare/>). Although Rubio has now exited the presidential race, that does not necessarily mean he and others won't continue to whittle away subsidies. The AEI's website also has a very useful brief talking about why coverage under Medicaid is too often "coverage in name only" (<https://www.aei.org/publication/why-medical-insurance-does-not-equal-medical-care/>). This brief has some hard data showing

the widely divergent reimbursement coverage rates under Medicare and Medicaid for specific procedures (e.g., in New Jersey, Medicare pays \$1,343.16 for a small bowel resection, but Medicaid pays only \$332). Together with the KFF data on Medicaid expansion, these numbers can help undergraduates understand the difference between insurance, access, utilization, and actual health status.

I'll be following both websites closely this summer as I prep my undergrad sociology of health and illness class. In March alone, the AEI website has published three columns dissecting (and for the most part, ridiculing) Donald Trump's healthcare proposals; if he turns out to be the GOP's candidate, I'll check back there frequently to see how conservative opinion on his candidacy evolves. And the KFF website often publishes polling data on public opinion about the ACA. As of today, their site shows that 13% of those surveyed want to replace the ACA with a GOP alternative, and another 16% want to repeal the ACA and not replace it at all. It's clearly a time of great volatility in health policy, and it's good to have sources to consult for more up-to-date data when teaching about health policy and the ramifications of health policy for health inequalities.

Health Policy

Sigrun Olafsdottir sigrun@bu.edu



The European Social Survey (ESS) is a theoretically and methodologically coordinated survey conducted in multiple European countries. The survey was first fielded in 2002 and is conducted every other year. It officially has 33 participating nations, but how many nations participate in each round varies. The ESS regularly includes some questions on health outcomes, but of even greater interest are rotating modules that focus on health. In 2004, the ESS had such a module on health and health care, in 2006 and 2012 on personal and social well-being, and most recently in 2014 on health inequalities. This new module included questions on physical and mental health, as well as lifestyle and use of health services, and the data is currently available for 16 out of 22 participating countries. In addition to individual level data, the ESS webpage provides a wide array of contextual data that can be used to understand the impact of health policy context on health behavior, outcomes, inequalities and use of health services. The country level data is obtained from various agencies that specialize in harmonizing national data into cross-national databases, including OECD, Eurostat, and the United Nations. This data includes both indicators specific to the health system (e.g. spending on health and number of physicians) and indicators related to politics, the economy, and institutions. The ESS can be used by researchers interested in understanding the impact of health policy on various outcomes related to health, but can also be used effectively in teaching at the undergraduate and graduate level. The webpage allows both for a download of the data as well as online analysis.

<http://www.europeansocialsurvey.org>

Career & Employment

Miranda Waggoner mwaggoner@fsu.edu



Medical sociologists—especially those whose work highlights health care organizations, health professions, health behaviors, public health, and health disparities, to name only a few broad topics—are often interested in, and well-suited for, careers, positions, and training programs in the multidisciplinary field of health policy research. In this issue, I concentrate my column on one outlet that includes information about health services and policy research as well as career postings in these areas. AcademyHealth (<http://www.academyhealth.org>) is a national professional organization that works to inform health policy and health practice through its focus on supporting research for the improvement of health and health systems.

AcademyHealth offers a “Training and Professional Resources” link on its website that includes multiple webinar presentations about policy topics, many of which are available to anyone (some do require a membership to the association). These webinars are potentially useful to scholars looking to determine how their work may connect to specific topics in health policy. In terms of additional research training, the site’s “Health Services Research Training Directory” provides information on doctoral and postdoctoral training programs in the health services and policy arena. Expressly in terms of employment, AcademyHealth features a “Career Center” on its website; by clicking the link “for job seekers,” visitors to the site may filter by “health policy related positions” in addition to browsing faculty, research, fellowship, and internship opportunities in health services and policy. Viewing job post links does not require membership. As medical sociology scholarship frequently and clearly interfaces with questions, dilemmas, and solutions in the realm of health policy, section members may be interested in searching employment opportunities that pertain particularly to health services and policy research. The AcademyHealth site is a good place to start.

Student News & Views

Rachel Cusatis rcusatis@uwm.edu



This quarter we are focusing in on health policy and health care within the medical sociology community and what better opportunity to go out and search for related blogs and discussion boards than now (aka, what better procrastination tool than to search for the best blog discussing sociology, health policy, and health care!). As always, I'd much rather find you news, views, and ideas from more experienced, wiser researchers and organizations rather than my own, so I set out to find just that. In my search, I noticed two things: (1) there is an unfortunately low number of blogs out there discussing health care and health policy from a sociological perspective; (2) making lists of the best blogs is a thing within health care and health policy.

This then led me to two conclusions: (1) individuals in our medical sociology community have a great opportunity to fill a much needed void...So who's ready to start a blog? Remember last quarter's article told us it's good for your health: <http://thesocietypages.org/sociologylens/2015/04/23/graduate-advice-month-five-reasons-why-you-should-start-blogging/> (2) Lists are not limited to Buzzfeeds that inform us of the 23 reasons chocolate ice cream is actually good for you or the 52 cutest puppies you MUST see. More importantly, here are lists to peruse (guilt-free) so that YOU to decide on a favorite blog:

A list of the top 50 Health Policy Blogs, conveniently categorized by type and emphasis:

<http://nursingassistantguides.com/2009/top-50-healthcare-policy-blogs/>

George Washington University made a list of the 54 top Health Care Blogs to read in 2016:

<https://mha.gwu.edu/blog/healthcare-blogs-2016/>

So have at it, and if you care to share, I'd love to hear which blogs you land on as a personal favorite! But let's be honest, if you are really just looking for a great Buzzfeed list, here's one of my favorites, “60 signs You Study Sociology”:

<http://www.buzzfeed.com/pdjsociologist/60-signs-you-study-sociology-g53m#.vbJpoMQ2x>

Happy Spring to all in the Medical Sociology Community!

As always, I'd love to hear from you! To share your experiences with me and the Medical Sociology Community through the Student News and Views column, or if you have ideas about interviewees for this column, please contact me at: rcusatis@uwm.edu

Guest Columnist: David Casarett, M.D.

Author of *Stoned: A Doctor's Case for Medical Marijuana*

After a brief nap, Sasha the Wonder Dog is back on patrol. She'd been taking a snoozing, but now she's at work, pacing the small waiting room of the United Health and Wellness clinic as if she owns the place. She pretty much does.

Sasha is an imposing shepherd mix with long, caramel-colored fur and the sweet disposition of a basset hound. She's also endowed with enormous ears the size and shape of twin radar dishes. They swivel in unison when anything catches her attention.

Those ears are swiveling now, and their activity is explained a few moments later when Larry Gidaley, her owner and the clinic's manager, steps through the door bearing an extra-large pizza. Sasha goes through contortions of excitement, then seems to remember her place as the dignified face of the clinic and calms down. She shadows Larry to a back room.

This medical marijuana clinic is in a nondescript industrial park outside downtown San Diego. It's up a flight of stairs from an entrance that does little to advertise itself, which seems to be intentional. To get here, you need to find the clinic online and you have to do your homework. You can't just wander in off the street, the way I did at the last clinic I visited. And that's the way Gidaley wants it.

The clinic itself is unpretentious. It's clean and well maintained, with a small waiting room that seats twelve. There's classic rock playing in the background at a modest level, fresh industrial carpet on the floor, recent magazines on the coffee table, and Saint Patrick's Day shamrocks everywhere.

To the right of the front door in there's a sliding glass window that leads to the receptionist's space, and next to that is a cannabis resource center—a large rack of pamphlets and business cards for dispensaries. Unlike the other clinic I visited, Larry's doesn't sell marijuana or related products. Around the corner are three other offices for storage, the physician consultation, and for office staff. That's about it.

It turns out that Sasha is emblematic of the clinic's warm and friendly customer service that is more typical of a nice hotel than a medical clinic. For instance, Larry and his wife, Debbie, greet patients as they come in, offering ice water and a warm welcome. Larry also makes a point of asking if anyone has a problem with dogs, although it's difficult to imagine that any-

one would have a problem with this one.

Then there are the baked goods. When I arrived earlier, Debbie greeted me with a hug and an offer of fresh blueberry muffins. Normally I'm not one to pass up baked goods, but Larry had informed me proudly that Debbie is a wizard at incorporating marijuana into culinary items, including his favorite, linguini with clam sauce. So I eyed that muffin with more than a little apprehension. (It was entirely safe.)

There's also a friendly camaraderie among the staff and patients. Larry, Debbie, and Kaylie the medical assistant show a real concern about patients' symptoms, for instance. And they offer friendly hugs of greeting for return customers, of which there are many. It feels a little like a cross between a clinic and a block party. In fact, it's exactly the sort of "relational" clinic experience that Steve Lankenau thinks might provide support and might even reduce the risk of addiction.

The result is that this waiting room crowd is more diverse than that of any other clinic I've visited. When I arrive, three chairs are filled by tough, lean guys with tattoos and jeans and work boots and suntans that looked like they've been burned in by years of outdoor work. Next to them are an elderly Chinese man and his grandson. And then a young woman and her five-year-old son.

And the level of naiveté here is astonishing. Conservatively, I'd say that half of the patients I meet are new to the world of medical marijuana. One overheard conversation between a carefully groomed woman in her fifties and Kaylie:

Kaylie: "These are the regulations for growing."

Woman: "Growing?"

Kaylie: "Marijuana."

Woman: "Oh!" Sharp intake of breath. "I didn't know you're allowed to grow marijuana. Well, I'll be damed."

That exchange says a lot about this clinic, maybe more than Larry's warm welcome, or even Sasha's patrols. People who wouldn't set foot in the first clinic that I visited would feel comfortable here..

Patients at United Health and Wellness can expect advice that's both thorough and thoroughly nonmedical. That is, patients don't get a prolonged visit with a doctor and a physical

examination. In fact, their only contact with a physician is a video consultation with a doctor in another state.

This is a common practice, and allows a single physician to see dozens of patients every day. So even at this clinic, which is among the nicest I've visited, patients don't get a lot of direct advice. They go through a checklist that's similar to the one that I filled out, albeit with much better grammar and punctuation. There are clinics that operate just as regular medical clinics do, with a half-hour or more of face time with a physician, and even a physical exam. But the quick interview and checklist seems to be the most common model.

But what patients at this clinic don't get from a doctor, they can get from the staff, and from each other. Indeed, the friendly camaraderie of this place seems designed to encourage people to swap stories and share advice. I overheard conversations about the benefits of CBD oil for one woman's muscle spasms, for instance, and about how a new *indica* strain is the best for sleep. There's advice, too, about how to deal with mandatory drug testing at work, and about how to explain medical marijuana use to friends and family members.

That's really the biggest secret of medical marijuana clinics. People don't come to these clinics and dispensaries only to get marijuana legally. Sure, that's the main reason. But there these places have figured out how to treat patients the way they want to be treated, with empathy and humanism and respect. They're also increasingly adding on other services, like dietary counseling, naturopathy, and yoga. And even without those services, they give patients time and attention that they often don't get at busy physician clinics. So even though the doctor here provides little more than a slip of paper and a signature, patients leave with more advice and support than most doctors could offer.

David Casarett is the author of numerous articles and book chapters, as well as *Stoned: A Doctor's Case for Medical Marijuana* and *Shocked: Adventures in Bringing Back the Recently Dead*. He is a physician, researcher, and tenured professor at the University of Pennsylvania's Perelman School of Medicine

Interview with a Scholar: David Mechanic

By Rachel Cusatis

With over four decades worth of experience, teaching, and research on health policy, it's perfectly fitting that Dr. David Mechanic is our guest for this quarter's Interview with a Scholar column. I had the privilege of speaking with Dr. Mechanic who is the Rene Dubos University Professor of Behavioral Sciences and Founding Director of the Institute for Health, Health Care Policy, and Aging Research at Rutgers University. Below are highlights from our discussion. Want to listen to the full interview? Check out the podcast here: <http://tinyurl.com/medsocpcastspring>

What would you attribute most to your success and longevity in the field?

Maintaining a sustained interest in the field and truly believing your research is fun and interesting

Having several projects constantly keeps things interesting. With several projects going on at the same time, you never run into downtime.

If you were to provide advice to upcoming scholars within medical sociology what would your advice be?

Become an expert. Focusing your research to some defined area of special interest allows other's to look at you as the "go to" person for that research.

Gain an international experience and perspective early on.

Shoot for the high impact journals.

As someone who has been writing and researching about health policy since the 1960's, what do you see at the largest milestones in health policy overtime?

Medicare, Medicaid, and ACA

For at least 100 years the U.S. has tried to develop a coherent, integrated, and comprehensive system of care – Medicare and Medicaid were large impacts in this area

ACA helped extend the meaning of illness to mental health and substance abuse

Where do you hope to see health policy research progressing in the next few years?

Need success in implementing ACA overtime

Eliminating waste and inefficient care

More work towards integrating mental health coverage and substance abuse in overall health

Due to your academic history, you have a strong international perspective when it comes to research and policy. How would you describe the state of mental health research and health policy, more generally, in the United States compared to other countries?

U.S. is at the top in terms of research and funding

U.S., compared to countries like Britain, fails in the sense we are less able and willing to implement what we learn from research because of the nature of our politics

What part of your experience in medical sociology research and teaching has been the most rewarding to you?

I think it is very important to do both – since they are very closely integrated

I have been blessed to have students that have become leaders spanning several fields

Get Connected

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Website News: As announced in the fall season newsletter, the redesign of the ASA website is currently underway. The goal of the redesign, as pointed out by the webmaster, is to “completely re-imagine and revamp” the website “with primary priorities towards improving the user experience and resolving the issue of hard to find or buried content”. A detailed FAQ about the redesign is available at this link: http://www.asanet.org/medicalsociology/documents/Fact_Sheet_ASA_Web_Redesign.pdf

Social Media News: Our [Facebook page](#) continues to grow and we’re currently at 1,427 “likes” or followers. This represents an 11% increase from the number of “likes” we reported for the Winter season where we reported an 8% jump from the Fall report.

Our [Twitter](#) currently has 759 followers (a gain of 28 since the beginning of this year) and we now average 3 tweets per week.

Our [LinkedIn](#) group has now climbed to 385 members (from 366 that was reported for last Fall). This is a private group for Med Soc section members to network created in 2012.

Please contact Natalie (natalie.ingraham@ucsf.edu) if you have anything you’d like to post on our social media accounts!



Medical Soc ASA

@MedicalSocASA

Joined October 2012

TWEETS	FOLLOWING	FOLLOWERS	LIKES
534	731	730	12

Tweets Tweets & replies Photos & videos

Medical Soc ASA @MedicalSocASA · 14h
Help ASA's web redesign by participating in a Treejack exercise

beaconfire.optimalworkshop.com/treejack/socio...

Medical Soc ASA @MedicalSocASA · Nov 29
ASA Job ID: 11684, Murray State University Dept of Political Science & Sociology, Assistant Professor jobbank.asanet.org.

and behavioral scientists from a variety of backgrounds who share an interest in the social contexts of health, illness, and health care

MEMBERS 366 members



Invite others

NEWSLETTER EDITORS: Ann Bell & Barret Michalec



A PUBLICATION OF THE MEDICAL
SOCIOLOGY SECTION OF THE ASA

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