Medical Sociology Newsletter

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Notes from the Chair

by Stefan Timmermans

Dear Medical Sociologists,

I hope you are doing well and staying healthy. We have an exciting program for you at the Annual Meetings in Las Vegas, Nevada. There was some concern that Matt Wray’s fascinating research on suicide in Las Vegas* or the desert heat in August would scare people off, but, in the end, we were inundated with outstanding papers. Don Light has organized a timely session on immigration, health, and health care. In collaboration with the Marxist Sociology section, Hyeyoung Oh has selected a number of provocative papers on the commodification and consumerism of health. Sara Shostak put together an interesting session on social mechanisms of health. Karen Lutfey selected papers for our rather boldly-titled session, “Exciting new medical sociology that every sociologist should know.” Not surprisingly, we could have easily filled five sessions with research that other sociologists should know about our subfield. Kerry Dobransky put together a record-number of roundtables. Finally, I invited some of the many up-and-coming new scholars to present their best medical sociology work. Thanks to all the organizers.

Please make a special note that Medical Sociology Section Day will be on the third day of the meetings, Monday, August 22th, but our reception will be the evening before (Sunday, August 21th). Be sure to put these dates on your calendars. We will meet to celebrate our award recipients, debate the issues, and rekindle old friendships.

In addition to these sessions, I also want to encourage you to attend the Medical Sociology Section’s Awards Presentations and Business Meeting. Every year, the highlight of this event is the Leo G. Reeder Award lecture. This year, David Williams will receive the Reeder Award and we eagerly await his lecture.

In the meantime, please keep in contact with the Section. I’ll be contacting you through the Medical Sociology listserv.

MEDICAL SOCIOLOGY SECTION
2011 Slate of Candidates

Anne Barrett, Chair, Nominations Committee (abarrett@fsu.edu)

Committee Members: Renee R. Anspach (ranspach@umich.edu); Molly Martin (mmartin@pop.psu.edu); Brea Louise Perry (breaperry@uky.edu); Elaine Marie Hernandez (hern0120@umn.edu)

Section Chair Elect (1 elected):
Allan Horwitz, Rutgers University
Donald Lloyd, University of Southern California

Chair, Teaching Committee (1 elected):
Elbert Almazan, Central Michigan University
Kate Strully, SUNY-Albany

Chair Elect, Nominations Committee (1 elected):
Laura Carpenter, Vanderbilt University
Dimitry Khodyakov, RAND

Nominations Committee Members (2 elected):
Renee Lynn Beard, College of the Holy Cross
Richard Carpiano, University of British Columbia
Kerry Dobransky, James Madison University
Michelle Frisco, Pennsylvania State University

Nominations Committee, Student Member (1 elected):
Kathy Lin, University of Michigan
Daniel Menchik, University of Chicago

Council Member-at-Large (1 elected):
Robyn Lewis Brown, DePaul University
Richard Meich, University of Colorado-Denver

Student Council Member-at-Large (1 elected):
Lianna Hart, University of California-Los Angeles
Byron Miller, Florida State University

Chair, Publications Committee (1 elected):
Kristin Barker, Oregon State University
Michael Polgar, Pennsylvania State University-Hazleton

Chair, Career & Employment Committee (1 elected):
William Cockerham, University of Alabama-Birmingham
Steven Haas, Arizona State University
SEEKING NOMINATIONS FOR 2012 REEDER AWARD

The Medical Sociology Section invites nominations for the 2012 Leo G. Reeder Award to be awarded at the annual meetings of the Medical Sociology Section in Denver, Colorado. This award is given annually for “Distinguished Contribution to Medical Sociology.” This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity and encompassing theory and research. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit letter of nomination and the nominee’s curriculum vitae to Eric R. Wright, Chair Elect of the Medical Sociology Section at ewright@iupui.edu. While email is preferred, you may also mail the nomination letter and C.V. to Eric R. Wright, Department of Public Health, Indiana University School of Medicine, 410 W. Tenth Street, HS 3119, Indianapolis, IN 46202. The deadline is June 1, 2011.
Deadline Extended!

Students—Apply to be the 2011 Louise Johnson Scholar

The Medical Sociology Section will select a student member of the section to be the 2011 Louise Johnson Scholar. The scholar will receive travel funds up to $350 to present at the annual ASA meetings in Las Vegas and to attend section events. The scholar will be chosen based on academic merit and the quality of an accepted ASA paper related to medical sociology. Papers with faculty co-authors are ineligible. Applications are due on April 15, 2011. To apply, please send: 1) a copy of your acceptance notification to present at the 2011 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. Hard copies will also be accepted. Applications should be sent to: Professor Dawn Upchurch, Ph.D., UCLA School of Public Health, 650 Charles Young Drive South, Los Angeles, CA 90095-1772, upchurch@ucla.edu.

The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mount Sinai School of Medicine and a former colleague of Louise Johnson.

Graduate Students! Consider Applying for the George Bennett Dissertation Fellowship

Request for Proposals: The Foundation for Informed Medical Decision Making is pleased to announce a fellowship program to support dissertation research in shared medical decision making (http://www.fimdm.org/research_applications.php). The grants are designed to support basic and applied research that can advance the field, and to attract scholars to the field of shared decision-making® in medical care. Through this program, we hope to attract scholars from divergent fields including medicine, psychology, sociology, anthropology, public health, public policy, political science, economics, engineering, business, law, and related fields of study. Fellowship applications are due May 1, 2011.
MEDICAL SOCIOLOGY 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.

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

If you have any questions about potential donations, please contact me at **susan.stockdale@va.gov.**

Please send books by **August 15, 2011** so that I can transport them to the ASA meeting. Thank you for your generous support!

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**AcademyHealth Annual Research Meeting**

**June 12-14, 2011 – Washington State Convention Center, Seattle**

The Annual Research Meeting (ARM) program is designed for health services researchers, clinicians, students, and research analysts who want to:

- Examine emerging research issues critical to the organization, financing, and management of health services;
- Get updates on the latest research studies and current health policy issues; and
- Explore the impact of health services research on improving access and quality of care.

Early registration discounts are available. The preliminary agenda, travel details, and registration rates are online at [http://www.academyhealth.org/arm](http://www.academyhealth.org/arm).
Career & Employment

In past columns, I have written (in cooperation with terrific contributors) on abstract aspects of job searching, including issues such as maintaining work/family balance, conceptualizing and articulating your skills for various audiences, identifying the types of positions that might be of interest to you, and laying groundwork for transitioning from one position to another. For this column, we are going to focus on specific logistical matters relevant for preparing yourself for job searching in the fall. Based on some of the excellent comments she wrote to me after previous newsletters, I have invited Karen Kaiser to write this issue with me.

Karen Kaiser is a Research Assistant Professor in Medical Social Sciences at the Northwestern University Feinberg School of Medicine. Having finished her PhD in 2006, she has recently conducted two successful job searches—first for a postdoc position, followed by a faculty position in the same city. I especially appreciate that her comments are relevant for a wide range of MA and PhD candidates.

KL: Let’s start with how you did your job search when you were first leaving graduate school.

KK: While in graduate school, I applied for sociology faculty positions posted in the ASA employment bulletin, but I also searched online for other positions in locations where I wanted to live. Oddly enough, by Googling “Chicago cancer postdoc” I found an NCI postdoctoral fellowship program in Chicago. I emailed the program directors and they had an unadvertised opening. I sent in application materials and got the position. (As a side note, many of the NCI-funded postdocs around the country have open slots that go unfilled. I strongly urge anyone with an interest in cancer to explore the NCI training programs.)

KL: And how did you approach your most recent job search?

KK: I wanted to stay in Chicago after my postdoc. I had developed a research agenda around Chicago’s health disparities and I was very happy living in Chicago. It just felt like I needed to stay here. Even though I ideally wanted a research position, I realized I might have to compromise in order to stay in Chicago.

KL: I searched for any position related to health or medicine. It was sometimes terrifying to focus my search on only one city, but it was also wonderful because I got to look in-depth at opportunities here. I learned a lot about career options outside of academia that I would not have explored if I had only searched for faculty jobs. I used several methods to look for jobs. I searched the websites of local universities, non-profit health organizations, and companies with a health research focus. I used CareerBuilder.com, and I used professional connections to find jobs that might not be advertised.

KL: What was the most surprising thing about your search process?

KK: I was really surprised by how many jobs for Masters- or Doctorate-level medical sociologists were on CareerBuilder.com. There were job postings for academic faculty jobs, project management positions, data analyst positions, and more. Some people I spoke with also have had good experiences using Indeed.com, which covers the job postings on CareerBuilder.com and some additional postings.

KL: Did you do anything different for this job search (as compared with your job search while in graduate school)?

KK: Yes, I modified my job materials. First, because I was seeking positions outside of sociology departments, I asked people in other disciplines to review my CV. Based upon their advice, I added a section to my CV entitled, “Research Skills and Experience.” This section included subheadings such as “Data Collection Experience” and “Quantitative Analysis Skills.” Under each subheading I listed specific projects I’ve worked on, the key tasks of the project, and software I used. I think this section was really important for enabling non-academic employers to grasp what skills I possessed. Second, I created a one-page statement of my research interests, training, and future plans that I sent to key people in academic institutions around Chicago.

KL: How did you find your current position?

KK: My postdoc mentor introduced me via email to

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several health researchers around Chicago. I would then send them my CV and try to meet with them in person. Fortunately, one of the people my mentor connected me with was the chair of the Department of Medical Social Sciences at Northwestern. He thought I would be a good fit for an opening in their department. I applied and got the position. I’ve been at Northwestern since September and I am thrilled to have a position I really enjoy in the city that I love! So, although my career path looks fairly traditional (grad school, postdoc, faculty position), neither of my post-graduate positions were found through job listings.

**KL:** What advice would you give to other medical sociologists?

**KK:** First, I would advise medical sociologists who are open to working outside of academia to use online job search tools, such as CareerBuilder.com, particularly if they are looking for a position in a large urban area. My advice for using CareerBuilder.com would be to be organized and diligent! Save your search parameters and have search results automatically emailed to you daily. (I created a separate gmail account for job searching.) Create a binder to store printouts of the job postings you’ve applied for because once a job posting closes it is taken off the site and you can no longer view it. I did not post my resume on CareerBuilder.com because I did not want to be inundated with irrelevant job listings, but this may be something worth considering. Second, search for jobs within professional organizations. Every branch of medicine seems to have at least one professional organization (e.g., the American College of Surgeons, the American Hospital Association, the American Medical Association). These professional associations often have research positions. Third, regularly search the websites of Universities, community research organizations, and research institutes for job postings. Fourth, as with any job search, use your social networks! Seek out those people who are willing to send an enthusiastic endorsement of you to their colleagues; those referrals are priceless. Be sure to follow-up in a timely, professional manner. And fifth, be ready for immediate action and mentally prepared for no action. Once you begin job searching, be prepared to meet with someone or send them additional materials immediately, but also remind yourself that this is a very slow process.

**KL:** I think these are fantastic comments, and as someone who is on the hiring end of these applications, I wholeheartedly agree with Karen’s recommendations (especially about how to make your CV/resume intelligible to people across fields). I would add a couple of minor suggestions: (1) remember it is possible to use a professional service to create a CV and cover letter (but this does not replace having other people read your materials). (2) AcademyHealth and the American Public Health Association also have excellent websites for hiring and include listings for people with social science backgrounds. (3) I have also known people in the health research fields to have success with craigslist.org (under biotech).

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**ATTENTION JOB-SEEKERS:** Do you have questions for the Career & Employment column? Have you asked me about jobs at ASA but are feeling shy about sending me your questions? Now is your chance!

**ATTENTION JOB-HOLDERS:** Do you have a non-academic job and want to share advice with job-seekers? People are very interested in this information, but it’s difficult for students to meet you! What are 3 things you wish you knew when you started out?

Are you ready to Talk Turkey about jobs? Send your confidential questions/comments to klutfey@neriscience.com (subject line: TALK TURKEY).

Let me compile this information so this column can address your real concerns!
Teaching Tips

by Teresa Scheid

I thought I would focus on “spring fever.” While a well known malady among students, it’s far more prevalent among faculty who face anywhere from 6-8 long weeks of students who are becoming increasingly disinterested in their classes. For students, the sources of “spring fever” include the warm weather (at least for some of us), impending graduation, or simply looking forward to spring break and summertime. For faculty, “spring fever” can also be attributed to warmer weather, attendance at regional conferences and a desire to focus on research, the stress of theses and dissertations, and typical end-of-the-semester work overloads. Whatever the source, this time of year it’s hard to muster a great deal of energy or enthusiasm for our courses. Here is a good way to break the monotony:

“Have It Your Way Day”

Pick a date midway through the second half of the semester. Tell students that class time that day will be devoted to covering topics they are interested in, but that have not been included in the syllabus. They can collectively pick a topic, or each person can pick their own topic. Each person is to look up information on the topic and share this information in class discussion on the targeted date. If you want, you can offer extra credit. For large classes, I have each person pick their own topic, write a paragraph or two (internet okay), and then I put them in groups to share information. With smaller classes, I have the class select the topic, and then arrive at some outline of things we would want to learn about that topic, put this list on the board, and then I assign individuals to collect information about what we have agreed we want to learn. Information is then shared in a class discussion. It’s a good way for us to reconnect with our students and students enjoy having some input into what they are learning.

Health Policy

by Sydney Halpern

THE INDIVIDUAL MANDATE FOR HEALTH INSURANCE: WILL IT SURVIVE AND WHAT ARE THE ALTERNATIVES?

A cornerstone of the 2010 Patient Protection and Affordable Care Act (ACA) is the requirement that individuals have health insurance or pay a penalty. Without this requirement, healthier people might avoid state-based insurance exchanges until they become ill. The result would be sicker enrollees, higher premiums, and instability in the insurance exchanges themselves. Of all provisions of the ACA, the individual mandate is the most vulnerable. States attorney generals have challenged its constitutionality and, in January of this year, Republicans in Congress tried to overturn it. The Republican’s next best chance to overthrow it will come after the elections of 2012.

Political problems for the individual mandate are not limited to Republican opposition. The provision is broadly unpopular. A recent poll shows that 76% of respondents hold an unfavorable opinion of the provision, making it the most disliked feature of the ACA (Kaiser Family Foundation/Harvard School of Public Health 2011). And it appears that Democratic support is softening. Several Democrats facing re-election in 2012 have said they would like to see an alternative to the individual mandate. In a late February speech to U.S. governors, Obama expressed willingness to allow states that achieve high levels of insurance coverage through other means to waive the individual mandate as soon as the provision goes into effect in 2014.

In a recent piece in the New England Journal of Medicine, Jonathan Oberlander (2011), Professor of Social Medicine at the University of North Carolina, points to two possible alternatives to the individual mandate. One would apply premium penalties to eligible people who first decline to enroll in an exchange and...
purchase coverage later. Another would mandate automatic enrollment in a health insurance plan but include an opt-out mechanism. Auto-enrollment could be combined with a premium penalty for those who opt out but later purchase coverage. The opt-out model was proposed in 2009 by Republicans from both Houses, but it is unclear whether Republicans would support it in the future. Both alternatives would generate higher premiums in the exchanges and larger numbers of uninsured Americans. Oberlander recommends that advocates for ACA focus less on such policy alternatives than on reinvigorating their case for the individual mandate. In so doing, they might invoke communitarian arguments—that some public programs (Social Security, for example) are able to provide great social benefit because everyone participates.

Sources:

Student News & Views by Miranda Waggoner & Vanessa Munoz

MAKING SUMMER WORK FOR YOU

After many long months of winter, spring is here. And summer (yikes!) is around the corner. With the summer comes a rising anxiety among graduate students about how to best use the time from June through August. In this column, we focus on some ways we have dealt with our expectations for the summer, including writing, completing deadlines, and staying sane.

Being Productive

Classes are over and the TA’ing job is done. This is an opportune time to turn to other tasks, like catching up on some writing. In fact, the summer is an ideal time for most of us to make headway on our own research projects. While there is no one right answer about how to do this, there are a number of good books about academic writing that are geared toward graduate students. Here are a few that we have found helpful:

Writing for Social Scientists by Howard Becker
Writing Your Dissertation in 15 Minutes a Day by Joan Bolker
Destination Dissertation by Sonja K. Foss and William Waters

How to Write A Lot by Paul J. Silvia
The Clockwork Muse by Eviatar Zerubavel

Some of these books, like Writing for Social Scientists, tackle common roadblocks in writing, including getting papers “out the door.” Others, like Writing Your Dissertation in 15 Minutes a Day and How to Write A Lot, deal with techniques for developing good writing habits. There are also useful articles in The Chronicle of Higher Education, such as “10 Tips on How to Write Less Badly” by Michael C. Munger. We found that reading these books and articles helped to keep writing on our radar screens during the summer months.

The summer can also be a good time to begin data collection, start new IRB applications, or pursue additional training. In addition to the annual meetings in August, there are some courses that take place in the summer, including the Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan. This is just one opportunity to gain skills in the summer. Online resources (e.g., www.h-net.org) or colleagues may be a source of information about other opportunities.

The Faculty Drain and Deadlines

As graduate students, we may be accustomed to meeting with our mentors and committee members throughout the academic year. Conflicting summer
schedules can make it challenging to navigate working on theses, dissertations, and job market applications. And, thus, it can be difficult to set deadlines that allow us to coordinate with the schedules of our mentors and committee members. We find it helpful to talk with our advisors in the spring about their summer plans in order to anticipate when they’ll be out of town, ensconced in writing, or away from email. This eases anxiety about getting work done and meeting deadlines, which brings us to our final point . . .

Social Support and Rejuvenation

As medical sociologists, we recognize the importance of social support and reducing stress, especially during the summer months. Since the summer is a break from our regular routines – being in the classroom or talking with colleagues – it can be helpful to find a small group of peers to meet with periodically. One way to do this is to organize a summer writing group with other medical sociologists. Some groups meet to share their work and provide one another feedback while others meet as an accountability group, checking in weekly about their progress. It is often productive to talk through problems in writing or snags in the research process as well.

Ideally, the summer is also a time to rejuvenate. In addition to trying to set aside time to do some writing, we also find it important to set aside a little time to relax and visit with family and friends (in Las Vegas and at home). After all, there’s nothing worse than a stressed medical sociologist in September.

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