Dear Colleagues,

I hope you are planning to join us for the 2012 Annual Meeting of the American Sociological Association. This year’s conference is organized around the broad theme of “Real Utopias: Emancipatory Projects, Institutional Designs, and Possible Futures” and will be held August 17th through 20th in Denver at the Colorado Convention Center and Hyatt Regency.

Denver promises to be an outstanding “mild and mile high” venue for our annual gathering, with plenty of sunshine, temperatures in the upper 80 degrees, and oodles of interesting places to grab a handcrafted beer.

The “official” Medical Sociology Section Day is the last day of the conference: Monday, August 20th. However, because our Section is one of the largest sections in the association, our Section sponsored sessions will be held on both Sunday and Monday. Thanks to the many hard working members who submitted papers and to the skillful planning of our session organizers -- Jo Phelan, Bernice Pescosolido, Christy Erving, Pamela Jackson, Brea Perry, Anne Figert, Susan Bell and Neale Chumbler --we have an outstanding array of interesting sessions planned for you.

More details about the papers and sessions are provided elsewhere in this issue of the Medical Sociology Newsletter. 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/AM2012/.

Our annual Medical Sociology Section reception will be held on Sunday, August 19th from 6:30-8:10pm. 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 as well as a group of colleagues with exciting new books from Cornell University Press. Please make special note that the reception is scheduled the night before our annual Business Meeting and Awards Ceremony which will be held Monday, August 20th from 10:30am to 12:10pm. In addition to honoring Phil Brown, the 2012 recipient of the Leo G. Reeder Award for Distinguished Contributions to Medical Sociology, we also will be recognizing the recipients of the Eliot Freidson Outstanding Publication Award.

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Section Chair Elect:
Susan Bell, Bowdoin College

Secretary-Treasurer Elect:
Karen Lutfey, New England Research Institute

Council Member at Large, Regular:
Dawne Mouzon, Rutgers University

Council Member at Large, Student:
Chioun Lee, Rutgers University

Chair, Health Policy and Research Committee:
Jennie Kronenfeld, Arizona State University

Chair, Membership Committee:
Molly Martin, Pennsylvania State University

Chair Elect, Nominations Committee:
Rene Almeling, Yale University

Members, Nominations Committee, Regular:
Elizabeth Armstrong, Princeton University

Kerry Dobransky, James Madison University

Member, Nominations Committee, Student:
Vanessa Munoz, Brandeis University

RESULTS OF 2012 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.

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

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

BY ERIC R. WRIGHT

(continued from page 1)

the Robert G. Simmons Outstanding Dissertation Award, and the Louise Johnson Memorial Scholar. We also will have a full day of activities for you that afternoon, including a special panel on health reform as well as several other engaging paper sessions.

I hope your summer is off to a great start! I look forward to catching up with you in Denver!

Warm regards, Eric R. Wright

THANKS TO CURRENT STUDENT EDITORS & CALL FOR NEW STUDENT EDITOR

Thanks are due to Sonia Bettez and Tennille Marley for the insightful interviews they conducted with fascinating medical sociologists this past year in their “Student News and Views” columns. We are now soliciting applications from graduate students who might want to hold this position for 2012-2013. This is a wonderful opportunity for a graduate student to become visible to members of the section and to contribute her or his ideas in the form of four columns in the Medical Sociology 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 31 of Research in The Sociology of Health Care published by Emerald Press. The major theme for this volume is:

SOCIAL DETERMINANTS, HEALTH DISPARITIES AND LINKAGES TO HEALTH AND HEALTH CARE

Papers dealing with macro-level system issues and micro-level issues involving health and health care involving social determinants and health disparities are sought. This includes examination of health and health care issues of patients or of providers of care especially those related to social determinants and health disparities. 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. For papers examining issues in health and health care in countries other than the United States, the focus could be on issues of delivery systems in those countries and ways in which revisions and changes impact health or health care, especially if those are then also related to broader concerns in health care in the US or other countries as well. The volume will contain 10 to 14 papers, generally between 20 and 40 pages in length. Send completed manuscripts or detailed outlines for review by February 1, 2013. For an initial indication of interest in outlines or abstracts, please contact the same address by January 7th, 2013.

Initial inquiries by email are encouraged and can occur as soon as this announcement is available.

Send to: Jennie Jacobs Kronenfeld, Sociology Program, 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).
QUESTIONS TO HELP GUIDE STUDENT RESEARCH PROJECTS

Mentoring students’ research projects and dissertations can be one of the significant pleasures, and challenges, of teaching. Students often have very interesting, innovative ideas for projects, but it is sometimes challenging to help them narrow those ideas down into executable research objectives.

I use the following list of questions to try to help students develop their research projects. I think it is most useful if students try to answer these questions as well as they can on their own, before asking their mentor for feedback on their responses. Answering some of the following questions can be difficult, particularly in the early stages of a project. It may be useful to have students revise and rewrite their answer after their mentor provides feedback. Even if the student cannot answer some of these questions on the first try, this exercise encourages them to begin to get their thoughts down on paper, and indicates which areas of the project may need more guidance.

These questions, as written below, may be best suited to graduate students, but, with slight modification, these could also help undergraduates developing research projects.

1. In a maximum of 250 words, what is this project about?

2. Writing as clearly and concisely as possible, what are your research question(s)?

3. What are the goals of this project? (e.g., are you trying to describe trends over time? Are you trying to explain how a given phenomenon varies across different situations or contexts? Are you trying to explain the effect of one variable on another? Are you trying to identify correlates of a phenomenon? Etc.)

4. What are the data for this project?

5. What methods will you use for this project?

6. What are the bodies of literature that this project addresses? How does this project contribute to that literature? (e.g., which gaps in the literature will this project fill? Or, how does this project go beyond what has been done in the literature?)

The first question above, asking students to describe their projects in 250 words, is meant to be more general and open-ended, and is intended to help students begin writing about the project before they attempt to list particular research questions. Depending on the type of research your students are interested in, you might also ask students to list their independent and dependent variables and/or their research hypotheses or expected outcomes.

CAREER & EMPLOYMENT

BY WILLIAM COCKERHAM

At the beginning of summer, the recruiting/job search season begins again as the new academic year approaches and recent graduates compete with currently employed medical sociologists for current positions. Although it is only June, at least three universities have already entered the job market with medical sociology positions that do not begin until August, 2013. This means some individuals may have job offers a year or so before they start. This is a recent development and shows departments with firm budget commitments a year in advance want to secure top candidates before other schools enter the competition for talent. It used to be that the sociology job market was fairly quiet (actually

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“dead”) until August, would peak in October, decline until the secondary market (e.g., newly approved positions or renewed searches by departments that did not get their first choice) kicks in during February, and then a decline into a late spring dead zone. It will be interesting to see if a growing number of departments conduct searches over the summer and hire in early fall, instead of waiting until fall to get organized, advertise, recruit, and hire in early winter.

Sometimes questions come up about “open rank” positions that are positions available to all academic ranks. Basically, “anyone” qualified may apply and be considered. New graduates and junior faculty members may be reluctant to apply for open rank positions because they feel they have no chance of success and will be overlooked in relation to more experienced applicants. This may or may not be case, so the best advice is to apply. Sometimes the junior pool is more attractive than senior applicants because of a better match with department needs or some other reason. The advantage that junior applicants have is their potential; senior applicants have already demonstrated their potential and the question then becomes their capability/desire to meet and hopefully exceed new expectations. Job market requirements for Associate and Full Professors are tougher and the number of jobs more restricted than for Assistant Professors. “Open rank” means “open rank,” so go ahead and apply.

And finally, my department is trying something new in recruiting this year. Our advertisement has no deadline for applying. Rather, the search ends when the positions are filled. This means applicants who put things off until the last minute, won’t have a last minute. But that is not why we are doing it. The reason is that hires can be made at any time, instead of waiting for a deadline to pass. It will be interesting as well to see how this works out. Have a good summer!

JOB ANNOUNCEMENT

The Department of Sociology in the College of Arts and Sciences at the University of Alabama at Birmingham (http://www.uab.edu/sociology/) invites applicants for three tenure earning, full-time, open rank professor positions to begin in August 2013. Teaching and research should fit with the Department’s emphasis on medical sociology. One particular teaching need is sociological theory, both classical and contemporary. Candidates with research interests in one or more of the following areas will also receive priority: genetics, health disparities or social determinants of health, race, nutrition, global health, health policy, health technology, and health care organizations. The candidate must hold a Ph.D. in Sociology at the time of appointment and have a record that demonstrates a strong independent research agenda. Candidates considered at the Associate level or above should show a history of success in obtaining external funding. UAB is a Carnegie designated RU/VH: Research University institution with a population of approximately 17,500 undergraduate and graduate students. The Department has research links to faculty in UAB’s Medical School, which is ranked in the top 25 in the U.S. and to several clinical programs and the many medical research centers on campus. The Department offers Bachelor’s degrees in Sociology and Social Psychology, the MA in Sociology, and the Ph.D. in Medical Sociology. Metropolitan Birmingham is home to over 1 million people and is at the foothills of the Appalachian Mountains, with plentiful cultural and recreational opportunities.

To apply, please send the following items: letter of interest, CV, evidence of teaching ability, sample publications, and three references (contact names, numbers and email addresses) to:

Department of Sociology, University of Alabama at Birmingham, Birmingham, AL 35294-1260.

Review of applications will continue until positions are filled.
SECTION-SPONSORED SESSIONS AT THE 2012 ASA MEETINGS IN DENVER

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, 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!

SUNDAY, AUGUST 19th
7:00 am Meetings: Section on Medical Sociology
Council Meeting—Hyatt Regency Denver

8:30-10:10  309. Section on Medical Sociology Paper Session. Social Networks, Social Support, and Health Across the Life Span—Hyatt Regency Denver
Session Organizer: Brea Louise Perry, University of Kentucky
Presider: Benjamin Cornwell, Cornell University
Social Network Dynamics and Health in Later Life. Benjamin Cornwell, Cornell University; Edward O. Laumann, University of Chicago
Are Suicidal Behaviors Contagious in Adolescence? Understanding the Role of Selection in Suicide Imitation. Seth B. Abrutyn, University of Memphis; Anna Strassmann Mueller, University of Texas-Austin
The Role of Violated Caregiver Preferences in Psychological Well-being when Older Mothers Need Assistance. J. Jill Sullot, Purdue University; Megan Marie Gilligan, Purdue University; Karl Pillemr, Cornell University
Parenthood and Physical Activity across the Life Course: How do Gender and Race Matter? Amy C Lodge, University of Texas-Austin
Marital Status, Marital Transitions, and Alcohol Use: A Mixed-methods Study. Corinne Reczek, University of Cincinnati; Tetyana Pudrovskia, University of Texas-Austin; Deborah Carr, State University of New Jersey-Rutgers; Debra Umberson, University of Texas

10:30-12:10  344. Section on Medical Sociology Paper Session. The Causes and Consequences Illness-related Stigma—Hyatt Regency Denver
Session Organizer: Jo C. Phelan, Columbia University
Presider: Jo C. Phelan, Columbia University
Morality Work Among the Transabled. Jennifer Davis, Texas A&M University
Stigma Power. Bruce G. Link, Columbia University
Stigma of a Label: Educational Expectations for High School Students Labeled with a Learning Disability. Dara Renee Shifrer, University of Texas-Austin
The Complex Role of Stigma in the Diagnosis and Dietary Management of Celiac Disease. Denise A. Copelton, State University of New York-Brockport
Discussant: Sarah Rosenfield, State University of New Jersey-Rutgers

Session Organizers: Christy LaShaun Erving, Indiana University-Bloomington Pamela Braboy Jackson, Indiana University
Presider: Pamela Braboy Jackson, Indiana University
Implicit Racial Bias in Health Care. Irena Stepanikova, University of South Carolina
Opening the Black Box of Segregation: A Test of the Racism-race Reification Process. Abigail A. Sewell, Indiana University-Bloomington
Racial Disparities in Hypertension: Cohort Trends and Explanations. Brian Karl Finch, San Diego State University; Audrey N. Beck, San Diego State University; Shih-Fan Lin, University of California-San Diego
The Role of the Health Care Provider in the Formation of Health Disparities. Elaine Marie Hernandez, University of Minnesota

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SECTION-SPONSORED SESSIONS AT THE 2012 ASA MEETINGS IN DENVER

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4:30-6:10  417. Section on Medical Sociology Paper Session. Complex Systems in Health and Healthcare Delivery—Hyatt Regency Denver
Session Organizer: Bernice A. Pescosolido, Indiana University

Presider: Bernice A. Pescosolido, Indiana University
Creating a Utopian Health Delivery System? Tuberculosis Control in Shanghai, 1950-57. Rachel Sarah Core, Johns Hopkins University
Gendered Network Effects on C-reactive Protein Level among U.S. Older Adults. Yoosik Youm, Yonsei University; Byungkyu Lee, Yonsei University
Public Health as a Movement Outcome: Vaccine Skepticism, Alternative Medicine, and Exemptions to School Immunization Mandates. Edward T. Walker, University of California-Los Angeles; Chris M Rea, University of California-Los Angeles
The Role of Risk Behaviors in Genotypic Correlation in Friendship Networks. Tianji Cai, University of North Carolina-Chapel Hill; Michael David Nino, West Texas A&M University; Elizabeth Anne Gabhart, University of North Texas

Table 3. Mental Health Issues and Medicine #1
Table Presider: Wendy D. Brynildsen, Duke University
Depressive Mood and Children: Europe and South Korea. Antonio Rodríguez Andrés, Aarhus University; Rosemary L. Hopcroft, University of North Carolina-Charlotte; Yong-Hwan Noh, Seoul Women’s University
How do Relationship Quality and Status Influence Depression within a Non-marital Relationship? Jessica Seberger, University of Georgia-Athens; Ronald L. Simons, University of Georgia
The Role of Stress Patterns in Depression, and Suicidal Ideation among Disadvantaged Mexican American Adults. Jarron M. Saint Onge, University of Houston; Alice Cepeda, University of Houston; Avelardo Valdez, University of Houston

6:30-8:15 Section on Medical Sociology Reception—Hyatt Regency Denver

MONDAY, AUGUST 20th

8:30-10:10  450. Section on Medical Sociology Roundtable Session-Colorado Convention Center
Session Organizer: Neale Chumbler, Indiana University-Purdue University at Indianapolis

Table 1. Sociology of Health & Illness Journal Table 1*
Table Presider: Jonathan Peter Gabe, University of London-Royal Holloway

Table 2. Sociology of Health & Illness Journal Table 2*
Table Presider: Clive Seale, University of London-Queen Mary

* See special information about roundtables 1 and 2 later in the newsletter on page 12!

Table 4. Gender and Health
Table Presider: Erin Leigh Pullen, University of Kentucky
African American Women’s Preventative Care Usage: The Role of Social Networks and Racial Experiences. Erin Leigh Pullen, University of Kentucky; Carrie B. Oser, University of Kentucky
Educating Women for HIV Prevention: Does Exposure to Mass Media. Syeda S. Jamsin, University of North Texas-Dallas; Sanjukta Chaudhuri, University of Wisconsin-Eau Claire; Shahnaz Abdullah, University of Massachusetts-Boston
God’s Plan: Devout Catholic Women Negotiate Maternal Desire, Religion, and ARTs. Danielle Czarnecki, University of Michigan
Navigating the Medical Context of Maternity Care: A Comparison of Lactation Consultants and Doulas. Jennifer M.C. Torres, University of Michigan

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SECTION-SPONSORED SESSIONS AT THE 2012 ASA MEETINGS IN DENVER

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Table 5. SES and Health
Table Presider: Lucie Kalousova, University of Michigan
Class Differences in Self-rated Health: An International Comparison. Kayla Baumgartner, The University of Western Ontario
Cumulative Adverse Socioeconomic Circumstances and Health. Katie Kerstetter, George Mason University; John J. Green, University of Mississippi
Differential Effects of Wealth and Education on the Development and Diagnosis of Type II Diabetes. Lucie Kalousova, University of Michigan
Education as “the Great Equalizer”: Health Benefits for Blacks and Whites. Christopher Holmes, University of Wyoming; Anna Zajacova, University of Wyoming
The Determinants of Racial Inequality in the Kidney Transplantation System. Jonathan K. Daw, University of Colorado-Boulder

Table 6. Social Networks and Health
Table Presider: Noah J Webster, University of Michigan
Health Influences on Social Network Change: The Contextualizing Role of Socio-economic Status. Noah J Webster, University of Michigan; Heather R. Fuller-Iglesias, North Dakota State University; Toni C. Antonucci, University of Michigan
Network Characteristics, Perceived Social Support, and Psychological Distress in Mothers of Children with Autism Spectrum Disorder. Paul R. Benson, University of Massachusetts-Boston
Network Properties and Types of Work: Mapping the Work Force in Chronic Illness Management. Ivaylo Vassilev, University of Manchester; Anne Rogers, University of Manchester; Christian Blickem, University of Manchester; Helen Brooks, University of Manchester; David Reeves, University of Manchester; Dharmi Kapadia, University of Manchester
Social Networks of Similar Others: Formation, Activation, and Consequences of Network Ties on Healthcare Experiences. Elizabeth Gage, State University of New York-Buffalo

Table 7. Aging and Health
Table Presider: Atsuko Kawakami, Arizona State University
Aging Anxiety, Complementary/Alternative Medicine, and the Meaning of Aging in Baby Boomers. Natalie Millman, University of Southern California
Military Service, Stressful Events and Post-trauma Symptoms in a Sample of North Vietnamese Older Adults. Kim M. Korinek, University of Utah; Bussarawan Puk Teerawichitchainan, Singapore Management University
The Role of Early Life Disadvantage on the Accumulation of Comorbidities. Kenzie Elizabeth Latham, University of Michigan; Gregory Michael Pavela, University of Florida; Charles W. Peek, University of Florida
Views of Japanese Immigrant Women about Care as They Age. Atsuko Kawakami, Arizona State University; Jennie Jacobs Kronenfeld, Arizona State University

Table 8. Racial and Ethnic Relations and Health
Table Presider: Kaya Hamer-Small, State University of New York-Albany
Race and Gender Differences in Nursing Home Admissions and Discharges. Stipica Mudrazija, University of Texas-Austin; Mieke Beth Thomeer, University of Texas
Sources of Black-White Differences in Cancer Screening and Mortality. Jessica Y. Ho, University of Pennsylvania; Irma T. Elo, University of Pennsylvania
The Contingent Effects of Key Social Characteristics on Perceived Racial Prejudice in Healthcare. Martin Sanchez-Jankowski, University of California; Manata Hashemi, University of California-Berkeley
Differences in Health Outcomes of Foreign- and Native-Born Households in New York City. Kaya Hamer-Small, State University of New York-Albany

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SECTION-SPONSORED SESSIONS AT THE 2012 ASA MEETINGS IN DENVER

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Table 9. Comparative Health
Table Presider: Nolan Phillips, University of California-Irvine

A Comparative Study of the Health Care Transformation in China and Taiwan: A Preliminary Analysis. Meei-Shia Chen, National Cheng Kung University

Epidemics and the State: A Comparative-Historical Study of the United States and Britain. Charles Allan Mccoy, University of Virginia

In Search of Balance: Becoming a Follower of Ayurveda in Argentina. Betina Freidin, University of Buenos Aires

One Country, Two Societies: Rural-urban Dichotomy in Health Care for the Elderly in China. Yan Long, University of Michigan; Lydia Li, University of Michigan

Culture and Power in Global Health Disparities. Nolan Phillips, University of California-Irvine

Table 10. Social Support and Health
Table Presider: Anastasia S. Vogt Yuan, Virginia Polytechnic Institute and State University

Marital Status and Quality of Life from 1972 to 2010. Anastasia S. Vogt Yuan, Virginia Polytechnic Institute and State University

Marital Status, Self-rated Health, and Mortality: Overestimation of Health or Diminishing Protection of Marriage? Hui Zheng, Ohio State University; Patricia A. Thomas, University of Texas-Austin

Reciprocal Exchanging of Social Support and Mortality Risk. KeunBok Lee, University of California-Berkeley; Yoosik Youn, Yonsei University

The Meaning of Employment to Married Women’s Physical Impairment in South Korea. Eunjeong Paek, Korea University

Traumatic Life Events, Chronic Strains, and Self-reported Health of Elder Mexican-origin Individuals. Marc Anthony Garcia, Texas A&M University; Jesus A. Garcia, University of Texas-Pan American; Fernando I. Rivera, University of Central Florida


Are We Still Friends? Obesity and the Maintenance of Friendships. Hilary M. Dotson, University of South Florida; Elizabeth Vaquera, University of South Florida

Table 11. Children, Youth and Health
Table Presider: Anthony Michael Jimenez, University of Texas-El Paso

After the Flood: A Survey-based Assessment of Respiratory Health Impacts on El Paso’s (Texas) Hispanic Youth. Anthony Michael Jimenez, University of Texas-El Paso; Timothy William Collins, University of Texas-El Paso

Separating Boys and Girls and Increasing Weight? Single-sex Schools and Weight Through Random Assignment. Hyunjoon Park, University of Pennsylvania; Jere Behrman, University of Pennsylvania; Jaesung Choi, University of Pennsylvania

The Effects of Having a Disabled Sibling during Childhood on Young Adults’ Educational Attainment. Anna Penner, University of California-Riverside

The Influence of Social Status and Social Control on the Health Behaviors of Young Adults. David Michael Ramey, Ohio State University

Understanding Multiple Levels of Norms about Teen Pregnancy and Their Relationships to Teens’ Sexual Behaviors. Stefanie Mollborn, University of Colorado-Boulder; Jason D. Boardman, University of Colorado; Benjamin Domingue, University of Colorado-Boulder

Health Outcomes for Adolescents Involved in Age Discordant Relationships as the Older Partner. Jeni Loftus, Purdue University

Table 12. Obesity Issues
Table Presider: Claire E Altman, Pennsylvania State University

Carry That Weight: Genetic Responsibility, Genetic Suffering and Geneodicy. Michael Halpin, University of Wisconsin-Madison

Do People Associate Obesity with Poor Health? Changes and Disparities in Obesity-related Health Knowledge. Claire E Altman, Pennsylvania State University; Jennifer Van Hook, Pennsylvania State University; Marianne Hillemeier, Pennsylvania State University

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The Spatial Embeddedness of Neighborhood Effects: Toward a Spatial Understanding of Mental Health and Obesity. Corina Graif, Harvard University  
Social and Health Changes Following Bariatric Surgery. Doris Palmer, Arizona State University; Jennie Jacobs Kronenfeld, Arizona State University

Table 13. Social Psychological Issues and Health  
Table Presider: Krysia Mossakowski, University of Hawaii-Manoa  
Caring Like a Nurse. John William Kaiser, University of California-Berkeley  
Identity Difference in Family and Health in Hawaii. Ki Tae Park, University of Hawaii  
Identity Processes and Coping with a Rare Illness: What We Can Learn from Cushing’s Syndrome. Kristina Fasteson Simacek, Indiana University; Alexander Lu, Indiana University  
Transcending the Body: Experiences of Self, Wellness, and Lifestyle in Laughter Clubs. Deborah A. Potter, University of Louisville  

Table 14. Neighborhood/Urbanicity and Health  
Table Presider: Kristie Lynn Afonso, University of Central Florida  
Neighborhood Commercial Activity, Social Resources and Health: The Effect of Physical Disorder. Eileen E.S. Bjornstrom, University of Missouri; Margaret Ralston, University of Missouri-Columbia  
Strengthening Communities for Better Health: Warmly Persuasive Ideas and Interventions. Eva Elliott, Cardiff University; Gareth Williams, Cardiff University  
The Fear of Crime and Health Effects: A Systematic Literature Review. Kristie Lynn Afonso, University of Central Florida  
The Growing Need to Address Physician Shortages in the United States: Ethnic Minority, Poverty, and Urbanization. Cirila Estela Vasquez Guzman, University of New Mexico; Aki Roberts, University of New Mexico

New Mexico

Table 15. Stress, Coping, Social Status and Health  
Table Presider: Adam Matthew Lippert, Pennsylvania State University  
Help or Hurt? Unsolicited Job Information and Receivers’ Psychological Distress. Lijun Song, Vanderbilt University; Wenhong Chen, University of Texas-Austin  
Predictive Strength of Self-rated Health on Mortality Risk Across Racial and Ethnic Groups. Ryan Hor NBuckle, Portland State University; Hyeyoung Woo, Portland State University  
Smoking, Socio-economic Status, and Health: Interpreting Unexpected Outcomes. Nancy G. Kutner, Emory University; Rebecca Zhang, Emory University  
Stress, Coping, and Mental Health Differences among Homeless People. Adam Matthew Lippert, Pennsylvania State University; Barrett Lee, Pennsylvania State University  
Subjective Social Status, Perceived Social Mobility and Health in China. Lei Jin, The Chinese University-Hong Kong; Tony Tam, The Chinese University-Hong Kong and Academia Sinica

Table 16. Insurance Industry and Macro-level Effects  
Table Presider: Laura Senier, University of Wisconsin-Madison  
Health Insurance Coverage for Genetic Services in Wisconsin. Rachel Smith, University of Nebraska-Medical Center; Laura Senier, University of Wisconsin-Madison; Matthew Kearney, University of Wisconsin-Madison; Jason Ronald Orne, University of Wisconsin-Madison  
Insurance Coverage among Hispanic Adults in the United States: The Impact of Immigration. T. Elizabeth Durden, Bucknell University; Lucy G. Dean, Bucknell University  
Local Resource Inequities as Predictors of Gaps in Healthcare Services Provision. Matthew E. Archibald, Colby College  
The Culture of Translational Medical Research. Joseph A. Kotarba, Texas State University

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The Making of a Harmful "Therapeutic Breakthrough."  
Courtney Davis, University of Sussex

The Realm of Medical Outsourcing: The Branding of Cosmetic Surgery in Argentina. Anahi Viladrich, City University of New York-Queens College; Rita – Baron-Faust, City University of New York-Queens College

Table 17. Medical Industry and Doctor Patient Relation
Table Presider: Matthew K. Grace, Indiana University
Do Continuity of Care and Physician Trust Matter for Health Outcomes? Matthew K. Grace, Indiana University

Labor Market Institutions and Social Policy as a Structural Influence on Health. Adam Mayer, Colorado State University

Preserving Autonomy While Sharing Patients: Consultations in Hospital Care Delivery. Hyeyoung Oh, University of California-Los Angeles

Proceeding with Caution: The Medicalization of Chronic Back Pain. Holly Renzhofer, Case Western Reserve University

What Influences Physicians’ Fear of Malpractice? Jennifer M. Murphy, California State University-Sacramento; Alexandrea Hunt, Temple University

Table 18. Mental Health Issues and Medicine #2
Table Presider: Steven M Frenk, University of North Carolina-Chapel Hill

Beyond Clergy: Congregations’ Sponsorship of Social Services for People with Mental Disorders. Steven M Frenk, University of North Carolina-Chapel Hill

The Relationship between DSM-IV Diagnoses and Return to Incarceration. James A. Wilson, Russell Sage Foundation; Peter B. Wood, Eastern Michigan University

The Social as a Bridge between Illness and Health: A Neurosociology of Mental Health. Anne Frances Eisenberg, State University of New York-Geneseo

Liquid Gold? Katherine Carroll, University of Technology-Sydney

Pursuing Pregnancy: Medical and Non-medical Responses to Infertility. Arthur L. Greil, Alfred University; Michele Lowry, Alfred University; Katherine M. Johnson, Pennsylvania State University; Julia McQuillian, University of Nebraska-Lincoln; Richard Michael Simon, Pennsylvania State University; Kathleen S. Slauson-Blevins, University of Nebraska-Lincoln

Rethinking Patient Involvement and Empowerment. Karrie Ann Snyder, Northwestern University; Alexander Tate, Northwestern University

The Vicious Cycle: Malnutrition Among Women and Children. Arlett Lomeli, Texas A&M University

Table 20. Open Medical Sociology Table
Table Presider: Hongwei Xu, Brown University
Volunteerism and Health Risk Behaviors. Alexander Lu, Indiana University

Why Do Rural Chinese Rate Their Health Better Than Do Urban Chinese? Hongwei Xu, Brown University

Market Transition, Social Stratification, and Health Disparity: Trends in Health Disparities during China’s Economic Reform. Soyoung Kwon, Purdue University

Do Degrees Matter? Health Disparities between Bachelors and Associates Degree Holders with Similar Job Quality. Janet E. Rosenbaum, University of Maryland

10:30-11:30 487. Section on Medical Sociology Invited Session (one-hour), Reeder Award Ceremony -Colorado Convention Center

Session Organizer: Eric R. Wright, Indiana University-Purdue University at Indianapolis
Panelist: Phil Brown, Brown University

10:30-12:10 Section on Medical Sociology Business Meeting – Colorado Convention Center

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**SECTION-SPONSORED SESSIONS AT THE 2012 ASA MEETINGS IN DENVER**

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12:30-2:10 527. Section on Medical Sociology Invited Session. Sociological Perspectives on the Implementation and Impact of the Affordable Care Act-Colorado Convention Center

**Session Organizer:** Eric R. Wright, Indiana University-Purdue University at Indianapolis

**Presider:** Dennis P. Watson, Indiana University-Purdue University at Indianapolis

Obamacare: The Neo-liberal Model Comes Home to Roost in the United States - If We Let It. Howard Waitzkin, University of New Mexico

Some Unappreciated Opportunities and Challenges of the Affordable Care Act: Re-designing our Behavioral Health System. David Mechanic, State University of New Jersey-Rutgers

The Affordable Care Act and the Impact on Vulnerable Populations. David R. Williams, Harvard University

Will ACA Fulfill on the Women’s Health Promises? Setting a Research Agenda to Monitor and Assess the Impact of ACA Implementation on Women. Chloe E. Bird, RAND Corporation

Fostering Collective Accountability among Physicians: Lessons from a Conductorless Orchestra. Dmitry Khodyakov, RAND Corporation; Stephen M. Shortell, University of California-Berkeley; Mark Friedberg, RAND Corporation

2:30-4:10 561. Section on Medical Sociology Paper Session. Big Pharma, Big Medicine, and Technoscience in the 21st Century-Colorado Convention Center

**Session Organizers:** Anne Figert, Loyola University-Chicago Susan E. Bell, Bowdoin College

**Presider:** Anne Figert, Loyola University-Chicago

Boosting Brainpower? From the Medicalisation of Cognition to the Pharmaceuticalisation of Routine Mental Health. Jonathan Peter Gabe, University of London-Royal Holloway; Catherine Oweney, University of Warwick; Simon Johnson Williams, University of Warwick

The Pharmaceuticalisation of Sexual Risk: Vaccine Development and the New Politics of Cancer Prevention. Laura Mamo, San Francisco State University; Steven Epstein, Northwestern University

Pharmaceuticalization: Big Pharma’s Myth of an Innovation Crisis and Its Consequences. Donald W. Light, University of Medicine and Dentistry of New Jersey

Risk Genomics: Pharmacogenomics and Personalized Medicine in Clinical Research and Practice. Ramya Rajagopalan, University of Wisconsin-Madison; Joan H. Fujimura, University of Wisconsin

Envisioning the Futures of Health and Health Care. Robert Dingwall, Nottingham Trent University; Murray Goulden, University of Nottingham

**Discussant:** Susan E. Bell, Bowdoin College

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**Special Roundtables This Year! Publishing in Sociology of Health and Illness**

⇒ Do you want help and advice in getting your research article published in a medical sociology journal?

⇒ Clive Seale and Jon Gabe, editors of Sociology of Health and Illness will be hosting two parallel roundtable sessions at the ASA annual conference in Denver this year.

⇒ If you have an idea for an article and want to know if it is in scope for the journal, or advice on writing for publication, sign up for one of these roundtable sessions.

⇒ Come to the roundtable prepared to speak for up to 5 minutes about your idea or draft paper.

⇒ Send a one page outline (no longer please) of your proposed paper to the editors by emailing it, by the end of July, to Jan Whalley at: j.whalley@qmul.ac.uk

⇒ Jon and Clive will endeavour to give individual feedback during the roundtable session, as well as presenting some general advice and information about the journal.

⇒ These roundtables will be part of the roundtable session at 8:30-10:10 on Monday, August 20th
CALL FOR PROPOSALS FOR THE 21ST SOCIOLOGY OF HEALTH AND ILLNESS MONOGRAPH

Proposals are invited for the twenty-first volume in the monograph series to be published by the Sociology of Health and Illness in conjunction with Wiley Blackwell Publishers. The monograph will be up to 72,000 words in length, comprising up to 12 peer-reviewed papers and will appear both as a special issue of the journal and in book form. The planned publication date is February 2015 and agreed proofs will appear online prior to the print issue.

The proposal should contain the following elements:

1. Justification of the proposed topic in terms of its academic merit, how it fits into the monograph series and how links between medical sociology and other substantive areas will be established.
2. A statement of 3 or 4 themes that might be addressed and how these can be broken down into sub-themes.
3. Consideration of the proposal’s appeal to: *regular readers of the journal and to readers who might buy it as a book; *medical sociologists and to readers from sister disciplines; *sociologists from Europe, the Americas, Australia & New Zealand and other parts of the world where the sociology of health and illness is developing as a discipline.
4. Competitor publications should be noted and the distinctiveness of the proposal explained in relation to any such competition.
5. An account of how the call for papers would be advertised to reach a range of contributors to include junior and well established authors and an international range of contributors.
6. A list of potential contributors who might be approached.
7. Brief indication of a proposed publication launch event.
8. A short biographical note about the proposed editors.

The proposal, including the short biographies, should be no more than 2,000 words in total.

Proposals can be discussed informally with the Monograph Editor (Hannah Bradby hbradby@essex.ac.uk) before submitting the final document. See http://www.blackwellpublishing.com/shil_enhanced/ for details of the previous volumes in the monograph series.

Finalised proposals should be sent to hbradby@essex.ac.uk by August 20th 2012. The Editorial Board of Sociology of Health and Illness will review proposals in September 2012 with the outcome notified by October 1st 2012.

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

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, 2012 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
AN INTERVIEW WITH AIDA GIACHELLO

Aida L. Maisonet Giachello, PhD, has been conducting research in medical sociology/sociology of health and illness for over 30 years with a focus on health disparities/health equity research & Hispanic/Latino/minority health. She has a Bachelor’s degree in Social Sciences from the University of Puerto Rico, a Masters Degree in Community Organizing and Policy Work from the School of Social Services Administration (SSA), University of Chicago and a PhD in Sociology also from the University of Chicago.

In 1993 she established the Midwest Latino Health Research, Training & Policy Center at the Jane Addams College of Social Work, University of Illinois-Chicago where she was Associate Professor. There she conducted research in the areas of chronic diseases using primarily participatory action research methodologies; trained junior faculty and minority undergraduate, pre- & post students in research and engaged in policy work emerging from the research findings. She is currently Professor at the Feinberg School of Medicine, Department of Preventive Medicine, at Northwestern University where she has continued conducting health disparities research.

Q: Sonia & Tennille: We want to know about the journey that brought you into the sociology of health.

A: Dr. Aida Giachello: The journey started earlier in my life when I completed an undergraduate degree in Social Sciences with concentrations in Sociology and Psychology at the University of Puerto Rico (UPR) in Rio Piedras. While doing research papers and working at times as research assistant, I developed passion for research. Once I graduated from UPR, my jobs were all related to research, particularly doing field work such as conducting survey interviews. This research field experience opened my eyes to issues of social injustice and inequality in Puerto Rico that was later reinforced when I move to the US mainland. One of the studies that I was involved was sponsored by the Department of Sociology at Northwestern University (NU) - Evanston campus. NU was conducting a study on social change in Puerto Rico.

While doing research for Northwestern University in 1968 in Puerto Rico, the main investigator offered me a research position in Chicago to assist in data analyses. I accepted without hesitation [my parents and my husband were not happy about it, but they knew that I was firm in my decision]. While there I received a scholarship to do a master’s degree, in the School of Social Services Administration with a focus on social work (community organizing & social policy). The combination of social work and the PhD that I acquired later in sociology of health and illness, both at the University of Chicago, were instrumental in my professional career.

My husband and I, my 2 year son (and expected 2nd one) decided to go back to Puerto Rico, where we stayed for four years. There, I taught courses in sociology, psychology and social work first as an instructor and then Assistant Professor at the Interamerican University. Things didn’t work out as well for the family as a whole and we came back to Chicago. I was already motivated to do a PhD and Sociology was one of my choices.

By the time I started a PhD in Sociology, I had three children (5, 3 and 2). Although I was a full-time student, I needed to work and I applied for a social work supervisory position at the Chicago Department of Public Health where they had just opened a neighborhood health facility (The Lower West Side Neighborhood Health Center) in a Mexican immigrant community (Pilsen) where I was also living. It was a blessing to be working there because I applied my skills as a social worker and discovered the field of medical sociology. Social work as a field is much applied and more action oriented. The discussions during my sociology courses (continued on page 15)
were very theoretical overall and many students studying sociology at the University of Chicago at that time that came from upper and middle class families and had limited or no experience living in, or confronting issues related to, poverty or any of the social issues discussed at that time regarding the social struggles of racial and ethnic minorities and other vulnerable populations.

Working at the neighborhood health center in 1977 helped me to decide to specialize in medical sociology/sociology of health with a focus on minority health, particularly Hispanics/Latinos, a rapid growing population group for which there was limited research and data. The work of the clinic also helped to develop awareness of the financial, cultural, and linguistic barriers in accessing and using health services; the lack of cultural competency and proficiency in services delivery; and the lack of public awareness and attention to the social determinants of health.

Fortunately, at the University of Chicago (U of C) in the 1970s were some of the most respectable and well-known medical sociologists. I’m referring to Dr. Ronald M. Andersen, who was my main mentor, Dr. Odin Anderson, Dr. Lu Ann Aday and Gretchen V. Fleming. They were part of the team of investigators at the U of C’s Center for Health Administration Studies (CHAS). They were pioneers in the field of health services research, conducting large scale national studies, developing theoretical frameworks such as Andersen Behavioral Model of Access to Care used now by many generations of researchers in multiple fields, and publishing articles and books. In 1980 I left the clinic position and accepted the position at CHAS as Study Director of a large study. The staff and researchers, under Dr. Ronald Andersen’s leadership as CHAS director, mentored me in research; helped me to be focused and disciplined and encouraged me to use the study data for my dissertation, and facilitated the opportunity to present papers in professional conferences and to publish with some of them. I presented papers in Albuquerque, New Mexico in the late 1970’s at the first conference on Hispanic Health Services Research. I also presented a paper at international conference in Mexico City. I’m sharing these experiences because they stress the importance of providing students (undergraduate, graduate, pre-doctoral and post-doctorate), mentorship and training opportunities like the ones I had first at the University of Puerto and later on at the University of Chicago. They have had a lasting impact in my career. My mentors not only were excellent in their professional work but also were excellent human beings who influenced my value system.

So that’s how my journey in the sociology of health started. I was very much oriented to action and I was very clear that research had to have some kind of utility, that it cannot just be about studying a problem, developing theoretical frameworks, collecting and analyzing the data, but it is about information dissemination and moving from data to social action and policy work. So very early on, I was already doing what is now called Community Based Participatory Action Research (CBPAR). I had a hard time in the beginning getting research funding because engaging the community in all aspects of the research activity and using the research for community empowerment and capacity building were not easily accepted.

Q: Sonia & Tennille: In your opinion, what are the most compelling issues in medical sociology today?
A: Dr. Aida Giachello: Based on what is happening today, I think that there is a growing emphasis in
addressing the social determinants of health and examining the many social, economic, political and environmental factors that influence our health. Medical sociology/sociology of health has been operating in silos and not integrating as much as they should from other areas of sociology and other disciplines. Doing so could contribute to the research and policy discussions in addressing health equity and the social determinants of health of racial and ethnic minority groups and other vulnerable populations. There is so much that we could do by integrating the theoretical frameworks and conceptual ideas of the sociology of race relations, sociology of education, etc., into the discussions and research agendas of the sociology of health, as examples. And in examining the social determinants of health, we need to engage in multidisciplinary research team work to learn from other fields as we examine, for example, the role of psycho-social stressors including racism and sexism in the workplace and its impact on health outcomes. Working together and learning from each discipline and adopting, and/or expanding theoretical frameworks from other fields or disciplines we could better understand the problems and come up with policy recommendations to address the roots of the problems and find meaningful solutions.

Sociology of health needs to be more proactive by examining what groups are doing well (protective factors) that contribute to their good health and to do so, in an inter-disciplinary way. Think about the problem of obesity. For example, The Move Campaign to prevent obesity among children initiated by First Lady Michelle Obama calls for a multi-sectorial council of representatives of the federal government such as the Department of Defense (as young adults cannot join the military services if they are extreme obese), the departments of Agriculture, Labor, Education, Health and Human Services, and Housing, Environmental Protective Agency, etc. for a total of about 13 government entities to engage in system-thinking about what is the contribution of each one of them in weight prevention, control and management to address childhood obesity. So what I’m saying is that, as sociologists, we need to figure out a way to build those multidisciplinary partnerships for research collaboration to develop research agendas, research tools, theoretical frameworks and work with others researchers, and actively involve representatives of communities to be studied in all the research process.

Also, within the sociology of health, we need to focus more on health policy related to the implementation of healthcare reform. We don’t know yet what will be the decision of the Supreme Court, but I hope that the original law will be upheld or that some provisions of the law may survive. Regardless, the research agenda should be examining health care reform more closely, and looking at to what degree health care reform implementation could improve access to health care by eliminating or reducing financial barriers. Many provisions of the law have already be implemented such as the elimination of the denial of cover for individuals with pre-existing conditions, or coverage under parents’ health plan for children and young adults without coverage until the age of 26.

There is a great deal of attention to how the law will reduce cover cost of care or improve coordination and quality of care with the gradual implementation of medical records, and to what degree health care reform may increase the number of future health professionals with the additional federal funding, and to what degree Health Information Technology would increase knowledge and empowerment of consumers, small businesses and other sectors. For example, there is the possibility of consumers having portable medical records or key medical information in their smart phones or being able to access websites where they can choose (continued on page 17)
which health care primary care physician or clinic or specialist from whom to seek care and how much it is going to cost, like you see in some other countries. So it will be interesting to study those dynamics and see to what degree this particular historical piece of legislation is going to be impacting the way in which we deliver and organize health and medical services. I am also particularly interested in examining further the effectiveness of community health workers (CHWs), who are members of the primary care clinic staff assisting as patient navigators and patient educators in the management and control of chronic diseases. Unfortunately a lot more needs to be done to make the services more accessible, culturally and health literacy appropriate for diverse populations.

Q: Sonia & Tennille: Our last question is, what advice would you give to those who are in their early stages of their careers, or aspiring to become a medical sociologist or to work in the sociology of health field? Is there anything that has really sustained you or helped you succeed?

A: Dr. Aida Giachello: I think that the new scholar needs to identify mentors who will nurture and guide them, and will enhance their knowledge base and their ability to do good research and data analysis. Also from my perspective, a good researcher needs to know what the purpose of the research is, who it serves and what the benefits of the research are for the community and the common good. You need to be clear about what is going to be your legacy, the contributions you want to make to improve our society health through research. And new investigators need to be aware that research and data are very powerful because in this country you need to have good data to impact public policy. Whatever you publish is seem by the public as being as close to the bible and the public doesn’t question published articles whether it is in the newspapers or magazines or in professional journals. So, the new scholar needs to be clear about the potential impact of everything they write and the importance of using research and data to improve the quality of life for everyone. That is why is also very important to share the research data with community leaders who are desperately in need of information to engage in effective advocacy, as well as in program planning and implementation and to engage in grant-writing, etc. The research results also need to be shared with health care providers and policy makers (appointed and elected officials).

The new scholar should seriously consider engaging in applied research, and if so, developing the knowledge and the skills to move the research from science to translation or action. Researchers need to become more skillful in mobilizing and educating communities to value and use research and data effectively, and need to understand how the government works (the politics of health). They also need to increase their skills in policy research. Hopefully, there will be an interest in learning and applying community-based participatory action research where the research activities includes partnership-building and engages meaningfully the communities in all aspects of the research enterprise, and uses the research for community capacity building through training, and to facilitate community empowerment.

Sonia: Yeah, I think that it is hard to be an applied sociologist.

Dr. Aida Giachello: The scientific community doesn’t know that you could be both: do good scientific research and at the same time work with community groups to facilitate the use of the data for social action. It is not acceptable to only share this in nice professional conferences, and to publish in professional journals only. Researchers should also consider developing fact sheets or short articles for local community papers and conducting community forum or town-hall meetings to share findings with those affected directly or indirectly by the problems being studied.

Sonia & Tennille: Thank you very much.
GIBBONS 2012 REMA LAPOUSE AWARD RECIPIENT

Robert D. Gibbons, PhD, noted biostatistician in health, will be the Rema Lapouse Award recipient for 2012. The Rema Lapouse Award is granted annually to an outstanding recipient for excellence in psychiatric epidemiology. Established by the Mental Health, Epidemiology, and Statistics Sections of the American Public Health Association, it was inaugurated by a trust established by Milton Terris, MD in honor of his wife, Rema Lapouse, MD.

Dr. Gibbons is an excellent choice for this award. He is an internationally renowned biostatistician and psychometrician with expertise in broad areas of mental health and environmental research. He received his PhD in statistics and psychometrics from the University of Chicago, in 1981. Since 2010, Dr. Gibbons has been the Director of the Center for Health Statistics and Professor of Biostatistics in the Departments of Medicine, Health Studies, and Psychiatry at the University of Chicago. Prior to that he directed the Center for Health Statistics at the University of Illinois at Chicago. Major themes in his work include development of linear and nonlinear mixed-effects regression models for the analysis of longitudinal data, analysis of environmental monitoring data and inter-laboratory calibration, item response theory and computerized adaptive testing, and statistical methods in pharmacoepidemiology and drug safety.

Dr. Gibbons has written over 200 peer reviewed journal articles in various areas of statistical theory and practice and is also an author of the book Longitudinal Data Analysis, in addition to two leading environmental statistics texts: Statistical Methods for Ground Water Monitoring (2nd Edition, 2009) and Statistical Methods for Detection and Quantification of Environmental Contamination, all published by Wiley. He is a member of the Institute of Medicine of the National Academy of Sciences, a Fellow of the American Statistical Association, and a member of the American College of Neuropsychopharmacology. He has received numerous awards for his research, including two Youden Awards for contribution to Inter-Laboratory Calibration, the Harvard Award in Psychiatric Epidemiology and Biostatistics, and the American Statistical Association award for Outstanding Statistical Applications. Robert has served on the National Institute of Mental Health Services Review Committee, on nine Institute of Medicine committees and also on FDA advisory and VA blue ribbon workgroup panels that focused on suicide prevention. He has also testified in front of Congress and numerous research and policy committees.

Dr. Gibbons’ professional career spans many areas. He developed mixed effects models that are now ubiquitous in longitudinal and multilevel analyses in diverse sciences, especially in psychiatric research. These methods have been used by him and his colleagues in an extensive set of research papers assessing the role that antidepressants have in relation to suicide risk, examined in both randomized and observational studies. Additionally, he and his colleagues have used these mixed effects models in schizophrenia research, child welfare, prevention of smoking, adverse event reporting in pharmacoepidemiology and drug safety studies. Gibbons has been a major contributor to Item Response Theory, which has revolutionized the way that ordinal data have been

(continued on page 19)
used to assess psychopathology. He is the developer of
the bifactor model, which has seen extensive application
in psychiatry. In a related area of research, Gibbons
has published extensively on the use of computerized
adaptive testing for depressive symptoms and disorders.
This work is being used to improve the quality of psy-
chiatric assessment in practice and lessen the
measurement burden on both patients and clinic staff.
He has contributed extensively to environmental statistics as well, especially in terms of methods to examine
ground water monitoring and identification of environ-
mental pollutants.

Dr. Gibbons has provided extensive service to the psy-
chiatric community. Recently he edited two volumes of
methodologic papers in Psychiatric Annals, detailing
how modern methods of mixed models, missing data
methods, statistical power analyses, propensity scores
and mediation and moderation analysis can improve
the quality of research.

Gibbons is not only an outstanding researcher, with
extensive grant support from NIH, but also a superb
teacher and mentor. He has trained numerous doctoral
candidates in biostatistics.

You are invited to attend Dr. Gibbon’s award ceremony
and lecture at a special session of the American Public
Health Association at the APHA’s annual meeting in San
Francisco, California on October 29th, 2012. As the re-
cipient of this year’s award, Dr. Gibbons will present on
the special Rema Lapouse Lecture at this meeting on the
use of computerized adaptive testing in psychiatric re-
search.

The Rema Lapouse Award award committee is com-
prised of C Hendricks Brown, Elizabeth Jane Costello,
Bruce Link and Anthony Kouzis.