

Society for the Study of Social Problems: Health, Health Policy and Health Services

Division Newsletter,
September, 2021

Message from the Co-Chairs

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Hi everyone. This is Dr. William "Bill" Cabin. I am the lead co-chair for the Division this year, with Jennifer Buanda as the co-chair. We look forward to working with you as we manage through another year of uncertainty in academia and life generally due to ongoing COVID issues. We are working on the 2022 annual meeting sessions and will submit them to the SSSP Administrative Office in September. We feel our offerings will be robust and engaging. We hope the 2022 meeting will be in-person, as planned, but will be ready to pivot to a remote format if SSSP determines that is most appropriate. For now we encourage you to keep in touch. We hope the newsletter will be a vibrant vehicle for communicating our members' publications, presentations, position changes and other news. With that in mind, please email such items and any questions to Jennifer and myself. Be well and safe.

William Cabin and Jennifer Bulanda

Introducing the 2021-2022 Co-chair

Jennifer Roebuck Bulanda is an associate professor in the Department of Sociology and Gerontology at Miami University. Dr. Bulanda's research interests include health and wellbeing, family demography, and the sociology of aging. Dr. Bulanda has published articles on the consequences of marital status and relationship quality for physical and mental health and longevity, as well as work on gender differences in relationship dynamics, grandparenting and volunteerism, and the use of Team-Based Learning in the introductory sociology course. Her research has appeared in a variety of journals including *Journal of Marriage and Family*, *Journals of Gerontology: Social Sciences*, and *Social Science and Medicine*, and she has published chapters on health insurance policy and vaccine opposition in the 2020 SSSP volumes *Agenda for Social Justice: Solutions 2020* and *Social Problems in the Age of COVID-19: Volume 1 - U.S. Perspectives*. She teaches a variety of undergraduate courses at Miami University including Medical Sociology, Sociology in a Global Context, Social Forces and Aging, and Population.



Division Co-Chairs

William Cabin

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"In many ways, the 2022 meeting is a new beginning. COVID recently has dominated the social landscape, but we now hope to enter a post-pandemic world. It is a world in which a virus exacerbated and exposed the issues and problems that we all know need to be fixed."

Noreen M. Sugrue
SSSP President

Virtual Meeting 2021 and In-person 2022!

Although we missed seeing each other in Chicago, the Virtual Annual Meeting 2021 was an engaging and active time for our Division. The Division sponsored 4 thematic sessions, a critical dialogue session, and a health services roundtable discussion. We hope to see you all at the 72nd SSSP annual meeting in Los Angeles, August 5-7, 2022. The theme for the 2022 meeting is The Sociological Reimagination: From Moments to Momentum. The call for paper will open in October, 2021. For more information on annual meetings please see:

www.sssp1.org/index.cfm/m/866/locationSectionId/0/2022_Annual_Meeting

Student Paper Award Winner: Lilla Pivnick

University of Texas at Austin

"Care Work Requirements and Inflammation"

An educationally diverse segment of the young adult population starts their careers in the occupational sector of care work, which is characterized by greater requirements for compassion, therapeutic responsibility, ethical responsibility, direct service provision, and sociality than many other sectors. This study uses biomarker data from the National Longitudinal Study of Adolescent to Adult Health (n = 5,220) and occupational data from the Occupational Information Network to identify associations between the occupational requirements of care work and a key marker of stress (chronic inflammation) among early-career workers, including variations by educational attainment. Results suggest that employment in care work predicts 13 percent higher levels of inflammation and that the level of ethical responsibility required by care-work occupations mediates this association. Associations between care work and inflammation decline with educational attainment. Findings highlight the interplay of occupation-level requirements and worker health, especially in care-work occupations

Scholarship Award Winner: Andrea Polonijo

University of California-Riverside

Polonijo, A. N. (2020). The impact of school-entry mandates on social inequalities in human papillomavirus vaccination. *SSM-population health, 12*, 100647.

Fundamental cause theory (FCT) is influential for explaining the enduring relationship between social position and health, yet few empirical studies test FCT's contention that policy supporting the equal distribution of interventions across populations can help reduce health inequalities. Following human papillomavirus (HPV) vaccine approval, complex socioeconomic and racial-ethnic inequalities emerged in distinct stages of the diffusion of this health innovation. Virginia and the District of Columbia were the first U.S. jurisdictions to implement school-entry HPV vaccination mandates for sixth-grade girls, offering an opportunity to test whether inequalities in HPV vaccination are mitigated by policy that seeks to standardize the age of vaccine administration and remove barriers to knowledge about the vaccine. Using data from the 2008, 2009, 2011, 2012, and 2013 National Immunization Survey–Teen (N = 4579) and a triple-difference approach, this study tests whether vaccine mandates are associated with smaller socioeconomic and racial-ethnic inequalities in health provider recommendation and vaccine uptake. It finds mandates were associated with improvements in provider recommendation and vaccine uptake for some socioeconomic and racial-ethnic groups. However, mandates also likely led to a decline in HPV vaccine series completion overall. Implications of these findings for informing FCT and vaccination policy are discussed.

We want to hear from you!
Our division newsletter is a platform to share research, innovations, opportunities and job announcements. Please send information for upcoming newsletters to William Cabin at wcabin@umich.edu

Farewell from the 2019-2021 Co-Chair

I would like to thank the Division membership for the opportunity to serve as co-chair over these past two years! I am so proud of the work of this division: meaningful research, impactful practice, caring mentorship, thought-provoking discussions, and more! I would like to thank the previous co-chair, Meredith Bergey, for teaching and mentoring me in this role. I also and especially would like to thank my co-chair William Cabin for all of his work and support during this difficult past year.

I encourage all members to consider a leadership position within the division and SSSP. Elections will open this fall, and I am happy to answer any questions that you may have.

Thank you!

Kathleen Abrahamson kaabraha@purdue.edu

Thoughts from the Field: Covid-19 and substance abuse

An opinion essay from Morgan Farrington, Good Works: North Alabama Harm Reduction

The last eighteen months have run the gamut from simply bizarre to downright devastating for everyone. There are some who've fared far better than others- but as one might guess, most people who were experiencing hardships before COVID certainly did not see things get better. Between no guarantee of safe drug supply, underfunded or altogether unfunded mental health care or recovery resources, coupled necessary mandated isolation, things have not gotten better for perhaps the most intersectional group of marginalized people of all - those who illicit substances.

We all know that fentanyl has ravaged the country and hear constantly about its presence in opioids. Unfortunately, lesser-known adulterants as well as illicit substances with less media coverage, like cocaine (in all its forms), MDMA (aka molly), and counterfeit pills (usually sold as Xanax) are also killing people at a pace that has onlookers helplessly witnessing the death of entire communities. There have been increasing amounts of novel adulterants in methamphetamine, and yes, some of these are opioid analogues in amounts large enough to cause opioid overdose. There are also increasing cases of xylazine, novel benzodiazepines like etizolam, and isotonitazene, among others, according to the National Drug Early Warning System (NDEWS), present in postmortem tissue samples and seized drugs alike. These adulterants can result in any number of health problems ranging from endocarditis to soft tissue infections which initially seem idiopathic, as they are not around an injection site. The incidence of psychosis associated with amphetamine toxicity has increased, however the cause is likely increased use because of less amphetamine being in the drugs, which results in using more for longer periods of time. There have been reports in the Southeast of people using store-bought aerosol wasp-spray that is processed into a hard, clear, crystalline substance nearly identical to meth in all ways except the high produced. It is a caustic toxin which causes tremendous soft tissue damage and the high is akin to the psychosis associated with bath salts.

In the 12 states that have not expanded Medicaid, recovery resources are even more limited and financially inaccessible to those that need it than in other areas. This leaves many to flounder until they're caught in a never-ending cycle of drug "treatment" also known as drug court - a drug diversion tactic which is in reality a very expensive and time consuming process that very few people manage any long-term recovery through. Most of the Bible Belt has nothing but 12 Step Programs to offer. Not that X-Anons are without their merit, but many people would prefer other methods. Those in the know would tell you that while there is supposedly no religious affiliation, in the south there is a tremendous amount of Christian rhetoric within The X-Anons. For people who have already endured the stigma of struggling with substance use disorder, plus enduring the discomfort of vulnerability while being honest about needing help, this new layer of perceived judgment is often more than most care to deal with, regardless of the risk of relapse. Nobody wants to hear that on top of their already confused and desperate situation they also need to grapple with possible religious trauma AND figure out some external source of strength and power in a world that has repeatedly shown them that faith in external sources will lead to nothing but further rejection and shame at best.

How does this already flawed system hold up under the new normal? Frankly, it doesn't. We have seen exponentially more overdoses overall with increased fatalities, and fewer admits into residential or intensive outpatient programs. On top of all the issues the region has had, its enduring resistance to COVID guideline adherence has created a self-perpetuating cycle of inaccessibility due to decreased program sizes for social distancing measures, and/or the exposure and subsequent quarantining of staff. Perhaps most infuriating of all - the expulsion of clients who test positive for COVID before they are finished with their prescribed treatment (for which they've very likely paid out of pocket) is causing increased recidivism, homelessness, retox, and in some cases even death.

Our situation is dire here, but there is hope as harm reduction advocates are still out there performing their work whether it's sanctioned or not - and for that we must be grateful. Many programs didn't close for even a day, and many of the ones that did shutter their programs were able to regroup and reorganize in a matter of days. This system is broken, the drug war(t) is over. If we are to believe this medical model of addiction science, then we must advocate for the decriminalization of the medical issue of addiction.

The only way forward now is to fully embrace the idea that we can in fact love people through their addictions unconditionally. Requiring recovery of a person with SUD is coercive when we consider the relative isolation they are already experiencing. This level of coercion is on par with the anti-autonomy arguments often shouted in support of abortion bans and upholds the notion that others have any right to dictate what a person does with their individual flesh-prison.

Love and compassion should be given over judgment and isolation forever. To quote an outreach worker who shall remain anonymous, "Look at the last text you sent them and make sure you are comfortable with that message, because it could be the last one you ever get to send them."

Opportunities and Resources

Free Virtual SSSP Global Connections Outreach Conference
February 22-24, 2022

https://www.sssp1.org/index.cfm/m/870/Virtual_Events/

Job Opportunities posting:

https://www.sssp1.org/index.cfm/m/320/Job_Opportunities/

Funding Opportunities posting:

https://www.sssp1.org/index.cfm/m/328/Fellowships_&_Scholarships/

Check here for Division Award announcements this Fall:

https://www.sssp1.org/index.cfm/m/463/locationSectionId/0/Student_Paper_Competitions_and_Outstanding_Scholarship_Awards

Call for papers for the 2022 Annual Meeting will open in October at www.sssp1.org.