


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

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| Statements from the Co-Chairs | 1 Dear <i>Health, Health Services, & Health Policy</i> Section Members, |
| Division-Sponsored Sections in Philadelphia 2018 | 2 As we come to the end of 2017, we ask that you think about how you might help us to enrich our Division. We have described in this newsletter a variety of ways that we would like to see our members involved. Please consider a submission for our next newsletter or attending our meetings in Philadelphia. We have put together an exciting list of sessions for next year, and do look forward to meeting many of you in Philadelphia. Our Division-sponsored and Co-sponsored sessions are listed on page 2 of this newsletter. Please consider submitting a paper for the Student Paper competition, or encouraging your students to do so. We invite you to consider what role you would like to play as a member of our Division as we head into 2018. |
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| DIVISION Co-Chairs: | Message from the Incoming Co-chair |
| Ethel G. Nicdao Co-Chair (2016-2018) University of the Pacific ENICDAO@PACIFIC.EDU | Twenty-five years ago, I joined the SSSP and became a member of the Health, <i>Health Policy & Health Services</i> Division because of the Division's commitment to social justice and equity in health. A recent PhD, my involvement included attending every annual meetings and staying loosely connected with those with similar ideas. Seven years after joining the Health Division, I was elected Division co-Chair (2004-2006). Just prior, I transitioned from a world with mostly Sociologists to a multi-disciplinary world concerned primarily with medical intervention and practice. |
| Debora A. Paterniti Co-Chair (2017-2019) Sonoma State University debora.paterniti@sonoma.edu | The perspective of our Division has been ever-so important to me in my development as a sociologist and during my tenure in medical schools. Our Division (and Sociology) served an important reminder of continued disparities that exist despite the most promising and efficacious interventions, of the impact of these disparities on the experiences of people (and populations) with basic health needs, and of the true promise of the sociological perspective to give voice and focus to what really matters in health, health policy, and health services. |
| |  <p>"Now is the time" has become a phrase stripped of meaning; yet increasing violence, natural disasters, desecration of the environment and in human rights and freedoms in 2017 make <i>NOW</i> a more important time than almost any other for what our Division has to share.</p> <p>I am honored to return as your co-Chair, after nearly 15 years of being engaged at the margins. I look forward to the full richness of our collective knowledge, experiences, and power. ...and I look forward to meeting as many of you as I can.... —Debora</p> |

Division Sponsored and Co-sponsored Sessions

THEMATIC SESSION:

Abolitionist Approaches to Health: Exploring Alternative Health Systems in the U.S. Lillian Walkover (lily.walkover@ucsf.edu), organizer

CRITICAL DIALOGUE:

Health Equity Today/Knowledge boundaries within health: a consideration of interdisciplinarity, (open to both theoretical and methodological approaches), Taylor Cruz (Taylor.Cruz@ucsf.edu), organizer

PAPERS IN THE ROUND:

Ethel Nicdao (enicdao@pacific.edu) and Debora Paterniti (debora.paterniti@sonoma.edu), organizers

CO-SPONSORED SESSIONS:

Medicaid Expansion and Contraction (co-sponsored with Sociology and Social Welfare). Molly Malany Sayre (msayre2@udayton.edu), organizer.

Theoretical Approaches to Medicalization and Mental Health (co-sponsored with Social Problems Theory and Society & Mental Health. Hwa-Yen Huang (hhuang@sociology.rutgers.edu) and Morena Tartari, co-organizers.

Family, Health, and Employment (co-sponsored with Family). Jennifer Haskin (jhaskin5@asu.edu), organizer.

Sexuality, Health, and Health Care (co-sponsored with Youth, Aging, and the Life Course; Sexual Behavior, Politics, and Communities; and Global). Emily Paine (e.paine@utexas.edu) and Stacy Harmon, co-organizers.

Work Processes and Emotional Labor in Health Care (co-sponsored with Institutional Ethnography). Oyman Basaran (obasaran@bowdoin.edu), organizer, Cathy Ringham (clringha@ucalgary.ca), co-organizer.

Emerging Marijuana Issues (co-sponsored with Drinking and Drugs). Julie Roddy (jroddy@umich.edu) and Stephen Lankenau, organizers.

Law, Health, and the Body. (co-sponsored with Law and Society). Elizabeth Nalepa (elizabeth.nalepa@case.edu), organizer.



Student Paper Competition



The ***Health, Health Policy, and Health Services Division*** invites all graduate students to apply for this annual paper award competition. The paper should be related to the broad Division interest, including health and illness, health policy, and health services. Current graduate students and recent graduates (who received their degrees after January 2017) may submit a paper if it was written while a student. Papers based on theses or dissertations are acceptable. Co-authored papers are acceptable as long as all the listed authors were graduate students at the time the paper was written. Double submission to other SSSP award competitions will dis-

qualify the submission. The award recipient will present a version of the winning paper at a session of the 2018 SSSP Annual Meeting in Philadelphia. Thus, the paper also should be submitted to any Health Division meeting session organizer or the roundtable organizer by the January 31st deadline. The recipient will receive a monetary prize of \$200, a plaque of recognition, student membership, and conference registration. The winner will be recognized at the Division Meeting & at the SSSP Awards Ceremony.

The paper submission should not exceed 30 double-spaced pages (including references) and should be prepared for anonymous review (with author only on the cover page). Send an electronic copy of the paper and a cover letter identifying your graduate program to:

Ethel Nicdao enicdao@pacific.edu and Debora Paterniti debora.paterniti@sonoma.edu.

The deadline for submission is January 31, 2018.

Spring/Summer Newsletter Submissions

We want to hear from a broad range of our membership! It is important for us to communicate with one another about innovations in teaching, research and policy as well as commentary on the things that are happening politically (both locally and nationally).

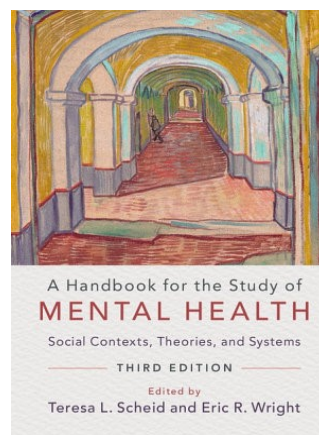
Your contributions can include images as well as written text, as long as they can be easily reproduced and transferred. As always, we welcome announcements of job opportunities, recent publications, media appearances, reports on community events, and other breaking news from Division members.

Please submit items to Debora Paterniti (debora.paterniti@sonoma.edu) no later than *March 31, 2018*.

Announcing....

*A Handbook for the Study of Mental Health:
Social Contexts, Theories, & Systems,
3rd edition.*

Edited by Teresa L. Scheid and
Eric R. Wright
Cambridge University Press.





Improving Oral Health for Children in Michigan

John Girdwood, PhD

Project Coordinator

University of Detroit Mercy School of Dentistry

Several initiatives have been launched recently to improve the oral health of children by addressing the social problem of unequal access to care. Since 2014, I have supported two specific grants aimed at oral health equity for children in Michigan. The purpose of these projects involves implementing new and innovative ways to increase access to care. The innovation comes through engaging children where they are at already, especially the medical setting. It is relatively normal for children to see a pediatrician before their first birthday but less common that the children see a dentist even though the standard recommendation is that every child should visit the dentist by age 1. To address this, we have been working on two projects in Michigan.

First, the Michigan Caries Prevention Program (miteeth.org) took a four-pronged approach to reducing early childhood caries. Physicians were trained to perform an oral health screening, apply fluoride varnish, educate families on healthy oral habits, and refer children to a dentist through a new statewide registry and referral system. Our study examined the implementation of this new approach to interdisciplinary care. We found that the presence of an “Oral Health Champion” really drove outcomes and helped clinicians adopt new practices. Over the course of three years, we helped improve oral health care for underserved children by increasing the provision of services paired with better education meant to improve health literacy for patients and their families. Although our study was not longitudinal, we expect to see a decrease in dental caries (the disease that causes cavities) in children over the next decade as oral health care becomes “normal” in the medical setting.



Second, we just launched the Michigan Initiative for Maternal and Infant Oral Health at the University of Detroit Mercy. This innovative project promotes the value of oral health by educating mothers at their OBGYN visits during the prenatal process. We are accomplishing this by installing a dental hygienist in the medical clinic, an opportunity in Michigan referred to as the “PA161” program. We are reaching patients at 6 federally qualified health centers (FQHC) and we hope to reduce early childhood caries through this project, leveraging the referral tool created through the Michigan Caries Prevention Program.

I am encouraged by the inter-professional approach that includes several different perspectives on how to improve health care for children. While physicians and dentists work diligently to administer care, sociologists and public health professionals can add expertise about health care delivery to eliminate barriers to care, thus reducing rates of caries for underserved children and improving health equity.

2018-2020 Division Co-Chair Nomination

In early Spring, it will be time for our division elections. Please consider running for Division co-Chair. Co-Chairs serve overlapping two year terms. They are jointly responsible for: developing the Division program (identifying sessions and organizers) for the annual meeting; running the Division business meeting at the annual meeting; working on the Division newsletter to assure publication of an annual newsletter; and other Division business. Tenure will begin at the annual meeting in summer 2018.

October 2017

As a Sr. Analytics & Research Scientist for Press Ganey I develop scientifically sound surveys and survey measures to collect data about patient's experience of their healthcare and healthcare interactions. The company's mission is to reduce patient suffering through supporting healthcare organization's create continuous, sustainable quality improvement efforts directed at improving their patients experience of care.

Over the past year I've been developing measures designed to help clients decrease healthcare disparities in access to and quality of care for patients who identify as LGBTQI. Part of this process was in-depth discussions with clients who were especially concerned with the sociopolitical trends that could further engrain health disparities for these patients. Many of these clients are working on their journey to become recognized within the Human Rights Campaign Health Equality Index, which strives to rate participating member's commitment to and strides in developing health care quality improvement interventions for LGBTQI patients.

As you may know, Federal departments, such as the U.S. Department of Health & Human Services (HHS), and its subsidiaries Health Resources & Services Administration (HRSA) and the Agency for Healthcare Research & Quality (AHRQ), support the effort to provide higher quality, meaningful care to the LGBTQI community through education, initiatives and grants. Non-governmental agencies (NGOs) are also working with healthcare organizations and providers in the field to provide support for QI efforts for this patient population. These organizations offer guidelines for and recognition of health care leaders through certification programs and as preferred providers for LGBTQI health care. Among them are the American Hospital Association (AHA); the Human Rights Campaign, as noted above (HRC); Parents, Families, and Friends of Lesbians and Gays (PFLAG); and the Gay and Lesbian Medical Association. There are many resources available from these and other organizations.

Part of the challenge in defining and operationalizing these measures is that communities, organizations, and their associated definitions and survey measures often conflate sex, gender identity, and sexual orientation. As a sociologist, gender scholar, and survey research methodologist, I felt it was vital both to respect the ways in which people identify but also to provide clear, concise, focused measures and response categories in order to support robust analytic and continuous improvement efforts.

The new demographic variables respect the fluidity of the ways in which individuals define themselves and the evaluative questions are designed to identify the patient experience of safety, comfort, and attention to special health care needs associated with the patient's sex, gender identity, and sexual orientation. Because Press Ganey is major player in the field of healthcare analytics, the potential to affect social change on a national level is high. These measures are now being introduced into the field and we expect to have sufficient data to run analyses by mid-2018. In addition, clients will receive instructions on how to introduce staff and patients to the deployment of these measures. Both psychometric and evaluative analyses are planned in order to appraise whether patients, especially LGBTQI patients, accept the measures, respond to them, and to achieve a preliminary understanding of the state of the healthcare experience for LGBTQI patients.

Please feel free to contact me for further information.

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Division Mission Statement (outline of main concerns)

Every two years, a Division Co-chair is asked to review the Division mission statement to ensure that the statement reflects the work, politics, and collective understanding of Division members. Minor revisions were made to the mission statement for the Health, Health Policy, and Health Services Division in December 2017.

The Division of Health, Health Policy, and Health Services is dedicated to the critical study of all aspects of health and health care delivery in the 21st century. Our concerns include but are not limited to:

- 1. The study of the social sources of disease and disability in industrial and developing societies.** Division members are especially interested in the effects of race, class, gender, age, and sexual orientation on the distribution of health, illnesses (chronic and acute), and disability. Members are also attentive to how social structural features of society (e.g.: the organization of work, the distribution of income, the operation of social welfare institutions, environmental policy, etc.) affect the health of populations. In addition, members are increasingly concerned with structural violence and trauma are differentially experienced according to race and ethnicity, gender and immigrant status.
- 2. The study of the delivery of health care at the level of patient/provider interaction as well as at the institutional level.** Division members examine the composition, practices and emerging and evolving roles of various health care professions as well as the structure and operation of health care delivery institutions, such as hospitals, clinics, nursing homes, manufactures and marketers of medical products, emergency medical services and complementary and alternative medicine.
- 3. The study of social definitions of health and illness, both within and outside the health professions.** Division members are especially concerned by the power of the medical profession to define the meaning of health and illness and with the efforts of clients and patients to enhance their own self-determination by defining their health and illness experiences (including contested illnesses).
- 4. The study of the experiences of health, illness, and disability from the perspectives of lay people (including patients) and community-based groups (including those committed to social justice in health care.)** Division members examine how patients experience a range of health, illness, and disability conditions, and are interested in the ways social structural arrangements shape those experiences.
- 5. The comparative study of health care delivery systems and health care policies.** Division members often explore how health care is shaped by both larger macro-level structures and by socially-mediated understandings about public access to health care. Division members also seek to understand the ways in which these dynamics influence social policies and affect individual lives and to explore possibilities for reform and reconstruction of health care systems.
- 6. The complexities arising from the interdependence of technological change, other social institutions, and health.** Division members examine the emerging roles of information technology, telemedicine, the growing impact of practices in other institutional realms (such as environmental, food safety, and workplace practices) on the health of individuals and populations.

Original statement drafted by Arthur L. Greil, Alfred University; Jeanne Calabro, Brandeis University; and Jean Elson, Brandeis University. For a complete version of the current Division mission statement, please refer to <https://www.sssp1.org/index.cfm/pageid/1238/m/464>.