

Newsletter

of the Research Committee on the Sociology of Health



Saks in volunteering their time for this

Letter from the President of RC15

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MEMBERSHIP

Dear colleagues,

We have much to report in this edition of the newsletter!

As you may remember from our previous edition of the newsletter, our successful membership drive brought up our session allocation to an unprecedented high of 24 sessions for the upcoming **ISA World Congress, to be held in Toronto, July 15-21, 2018.**

Thus, there will be many opportunities to engage and present your work at this venue, and I would like to encourage you to heed our **call for abstracts running until September 30, 2017.** The sessions are listed in this edition, and you can now submit your abstracts here:

<https://isaconf.confex.com/isaconf/wc2018/webprogrampreliminary/Symposium452.html>.

I want to thank in advance the many session organizers for their excellent proposals, and for their service to the organization in reviewing the undoubtedly numerous abstracts that they will get from our membership and beyond.

I also want to alert our junior members (and their supervisors!) to the fact that we are reconducting in Toronto our very successful mentoring event inaugurated in Yokohama. In Toronto, we will introduce a more structured format, organised around specific areas of professional interest (e.g. publications, grants and knowledge mobilization). You can find more details on page 20 in this edition of the newsletter. Many thanks to Secretary-Treasurer Prof. Short and Board Member Prof. Hosoda for their leadership, as well as for board members Prof. Michael Calnan and Prof. Michael



initiative.

Finally, I want to end by warmly thanking our VP and Newsletter Editor, Prof. Guido Giarelli for his steadfast leadership in expertly crafting this Newsletter and rounding up contributions in a timely fashion.

I also encourage you to contact me or other board member if you have suggestions of how the RC could better serve your needs.

Best wishes,

Professor Amélie Quesnel-Vallée

President RC15 Sociology of Health

Canada Research Chair in Policies and Health Inequalities, McGill University

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Chers collègues,

Nous avons beaucoup d'informations à partager avec vous dans le cadre de cette édition du printemps-été 2017. En effet, grâce au soutien et à la fidélité de nos membres qui ont répondu en grand nombre à notre campagne de recrutement de l'automne 2016, nous compterons pour le **prochain Congrès mondial de l'AIS qui se tiendra à Toronto du 15 au 21 juillet 2018** un nombre record de 24 sessions.

Je vous invite donc à répondre en grand nombre à notre appel d'abrévés, dont les sessions sont décrites dans ce numéro, et qui est accessible au <https://isaconf.confex.com/isaconf/wc2018/webprogrampreliminary/Symposium452.html> jusqu'au 30 septembre 2017. Je tiens d'emblée à remercier les organisateurs de sessions d'avoir soumis d'excellentes propositions et de leur service à l'association dans l'évaluation des nombreux abrégés qu'ils recevront.

Je voudrais également porter à votre attention la session de mentorat professionnel organisée à l'endroit de nos membres juniors, inaugurée avec succès lors du congrès de Yokohama. Les Profs. Short et Hosoda nous ont concocté une nouvelle mouture de ce populaire évènement qui offre l'opportunité à de jeunes chercheurs en formation d'interagir avec des mentors autour de sujets pertinents pour leur développement professionnel, soit l'obtention de financement de recherche, la publication et la diffusion des résultats de recherche. Je remercie chaleureusement ces collègues pour leur leadership ainsi que les Profs Calnan et Saks d'avoir accepté de contribuer à l'animation de cet évènement. Vous pouvez trouver plus de détails au sujet de cet évènement à la page 20. Nous vous y attendons en grand nombre!

Enfin, je tiens à remercier notre VP et Éditeur, Prof. Guido Giarelli, qui nous fournit un moyen de communication aussi pertinent qu'élégant.

Par ailleurs, si vous avez des suggestions qui pourraient nous permettre de mieux rencontrer vos besoins, n'hésitez surtout pas à m'en faire part.

Bien cordialement,

Professor Amélie Quesnel-Vallée

President RC15 Sociology of Health

Chaire de recherche du Canada en politiques et inégalités de santé, McGill University

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Life of RC15 - Sociology of Health



RC15 Sociology of Health

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If you are interested in presenting a paper at one of our sessions, please submit an abstract on-line before **September 30, 2017 24:00 GMT** at:

<http://www.isa-sociology.org/en/conferences/world-congress/toronto-2018/>

Sessions

Anti-Globalization and Inequality Migrants' Health

The recent phenomenon of the anti-globalism movement, which is observed in the USA and European countries, has inflated hate and physical and psychological violence—the inequality of health—against migrants who have settled in host countries. It may also affect either the flow or stagnation of migration between sending and receiving countries. Definitely, the inequality of migrants' health is an issue pertaining to individual migrants and relevant in the countries sending and receiving these people.

Therefore, to protect the human rights of migrants, sociologists must investigate the socio-cultural and economic background of the issue of inequality of health from a long term and broader perspective.

This session welcomes presentations on the status of migrants' health and inequality of health of countries and regions. A multi-disciplinary approach towards health and illness as well as the working and living environments of migrants is welcome, as it may provide a clear, objective, and practical vision of how to protect the human rights of migrants in an era characterized by anti-globalization movements.

Session Organizer: Yuko HIRANO, Nagasaki University, Japan, hirano@nagasaki-u.ac.jp

Bourdieu and Questions of Power in Health

At a time when many western countries are experiencing increased prosperity, inequalities in healthcare remain and are even sustained. In this session, the sociology of Bourdieu will be used to illustrate how current trends in healthcare entrench health inequalities. While social inequalities in health have been documented in many studies of the Western world, inequality is defined by family socioeconomic background and social class status. There has been less focus on the relationships that create and reproduce social inequality in health; or the way that tensions and struggles within the healthcare field are also implicated in the shaping of inequality. At a time when corporatization and privatization of healthcare coexists or subsumes traditional bases of public provision we need new ways of explaining emergent structures of inequality. Papers in this session will draw on empirical work from a range of countries such as the US, UK, Australia, Denmark and Norway using Bourdieu to examine health inequality, with a particular focus on healthcare financing and care within institutions such as public and private hospitals, outpatient clinics, rehabilitation centers, and individual projects and investments towards health. The selected papers will highlight differing approaches to the use of key concepts such as capital, habitus and field in order to strengthen the theoretical grasp on the mechanisms of day to day production and reproduction of healthcare inequality.

*Session Organizer: **Kristian LARSEN**, University of Aalborg, Campus Copenhagen, Denmark, Denmark, kl@learning.aau.dk*

Creating a Sustainable and People-Centred Health Workforce: Connecting Global and Local Perspectives

RC15 Sociology of Health (host committee)

RC52 Sociology of Professional Groups

The importance of a sustainable and people-centred health workforce is now well recognised. International organisations and many countries have taken action to improve health workforce governance. However, it remains unclear how health workforce policies can be translated into practice, which policy levers exist to enhance effective policy implementation, and what role professional associations play. There is also very little knowledge about the importance of health systems and governance for creating a people-centred health workforce and the possibilities for translating health workforce models from one country to another. The proposed workshop aims to connect health workforce research from different countries and regions, to contribute new knowledge on how to respond to major health workforce challenges, and to foster comparative research and policy learning. Major themes include: a review of the composition and changing skill mixes of the health workforce, the development of integrated education models, improved coordination of data sources, and the governance of mobile health workers to improve equity between and within countries and reduce 'brain drain' effects. We invite contributions that address these topics from different perspectives. We are especially interested in comparative research, but also welcome in-depth single country or regional research.

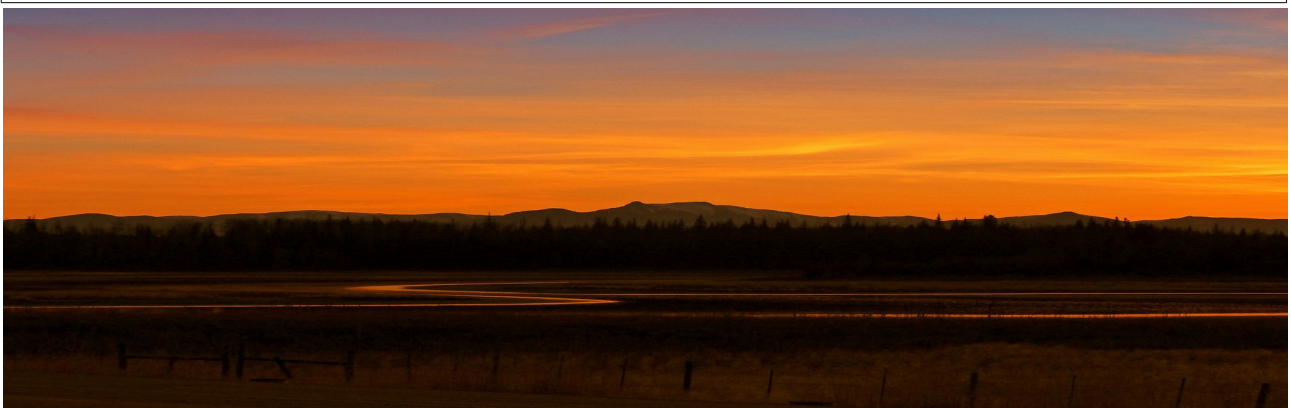
*Session Organizers: **Ellen KUHLMANN**, Goethe-University Frankfurt, Germany, Kuhlmann@em.uni-frankfurt.de and **Viola BURAU**, Aarhus University, Denmark, viola@ps.au.dk*

Entangled Histories, Corporate Capitalism, and Healthcare Delivery in the Global South

The historical forces of slavery, colonialism, and imperialism have culminated in a structural imbalance of power relations between erstwhile colonial masters and colonial states and this is still evident in virtually every aspect of the global south including healthcare services. One of the subtle, but profound philosophy for the imposition of western medicine as mainstream (and therefore dominant) healthcare system, is the labelling of non-western health systems as irrational, inferior, and retrogressive. In this session, we would like to challenge this widely adopted myth by not only exploring the historical antecedents that propelled the penetration of health corporate capitalism in the global south, with its underlying economic interests and cultural domination, but also by analysing the emergence of renewed interests in other forms of medicine. Non-western traditions of healing need proper and systematic engagement by scholars to explore their potential impacts on non-western societies and globally. Thus, this session is intended to attract the submission of abstracts by scholars to discuss:

- 1. The ideological and philosophical musings on power relations that underpin health policies in the global south and their impact on healthcare delivery;*
- 2. The circumstances, challenges, and prospects of indigenous healing practices focusing on specific countries;*
- 3. A reconsideration of the theoretical and epistemic assumptions of western and non-western medicines;*
- 4. The ideological and economic factors that frame health policies in the global south;*
- 5. Empirical research on non-western healing practices;*
- 6. The complexities, challenges, and opportunities that characterize non-western medicines in the global south and globally.*

Session Organizer: Alex ASAKITIKPI, Monash University South Africa, South Africa, alex.asakitikpi@monash.edu



Gender, Equity and Reproductive Rights in a Mobile World

RC15 Sociology of Health (host committee)

RC32 Women in Society

This session seeks papers about gender, equity and reproductive rights in the context of transnational mobility and justice. We are particularly interested in theoretical and empirical studies that examine the gendered and justice dimensions of mobile bodies, mobile diseases and healthcare with a focus on women's sexual, reproductive and maternal health rights. The focus of this session is on the complex forms of border crossing and the ways transnationality shapes people's embodied experiences and the mobile diseases that affect them. For example, topics of interest include mobile diseases, such as the sexually transmitted diseases Human Papilloma Virus (HPV), Hepatitis B (HBV), HIV, and Zika; emergent infectious diseases such as Dengue fever and Ebola and the targeting of public health measures particularly on women's and their children's bodies; gendered issues related to the women's health care, imagery and social imaginaries of mobile bodies in cross border travel to receive medical care, escape violence, war and the collapse of nation states; or the provision of care in non-places (Augé), such as refugee camps, detention centers, ports of entry, and off-shore sites (e.g., Women on Waves).

Session Organizers: Susan BELL, Drexel University, USA, Susan.Bell@drexel.edu Anne FIGERT, Loyola University Chicago, USA, afigert@luc.edu

Health Professions: Future International Directions

RC15 Sociology of Health (host committee)

RC52 Sociology of Professional Groups

This session focuses on the health professions in a global context – including the global south as well as north. It particularly centres on likely future regulatory directions that may be taken by the healthcare labour force, based on historical and contemporary developments in the health division of labour. Key questions covered will include: How do we ensure that professional health regulation meets public interest concerns in considering power and justice in both dystopian and utopian futures? How best do we promote more expansive and inclusive public participation mechanisms for users in healthcare? What might be the future role in healthcare of currently high status, but besieged, professional groups like doctors? And what does the future hold for other health professions like nurses and other allied health professions? What too might their future links be to relatively unsung but vital support workers in the healthcare labour force that are more closely linked to the precariat? At a wider level, what might be the effects of trends such as corporatization, deprofessionalization, hybridization and restratification on the health professions? And how important in shaping the future professional division of labour in health systems will be factors like knowledge, technology, and professional leadership? This session invites single country and comparative papers which consider these and other issues at an empirical and/or theoretical level – drawing out the implications where appropriate for policy development and practice in national, international and wider global settings.

Session Organizers: Michael SAKS, University of Suffolk, United Kingdom, m.saks@uos.ac.uk Mike DENT, Staffordshire University, United Kingdom, mike.dent@staffs.ac.uk

Healthcare Governance in Sociological Context

For the World Health Organization '... beyond the formal health system, governance means collaborating with other sectors, including the private sector and civil society, to promote and maintain population health in a participatory and inclusive manner.' Each country has its own healthcare challenges; some nations have a super-aging society while others are trying to implement the Universal Healthcare Coverage or establish basic healthcare units in various regions. The basics of governance within healthcare systems, are understood and discussed through related subjects such as healthcare policy, national budgets, demographical analyses, and peoples' choice of national design. The phrase 'good governance' has been tossed around in health care circles over the last decade as if it was a panacea implying that everything is fine. However, the crucial aspects of governance and the methods of applying an integrated governance system are complicated, and need to be considered empirically with regard to each country's cultural and social context.

*Session Organizers: **Miwako HOSODA**, Seisa University, Japan, miwhosoda@seisa.ac.jp
Stephanie SHORT, The University of Sydney, Australia, stephanie.short@sydney.edu.au*

Languages of Victims: Toward Advocating Contemporary Social Sufferings

*RC15 Sociology of Health (host committee)
RC25 Language and Society*

It has passed just 50 years since Linguistic Turn edited by Richard Rorty was published in 1967. For human and social scientists, linguistic activities such as narrative and discourse have been the most important resources and topics to clarify and understand social world. Various theories and methods to analyze peoples' talks and narratives have been invented and elaborated. On the other hand, patient-centered clinical method is one of the most significant trends in contemporary medicine. Patients' talks and narratives consist of the essential components of contemporary medical practices. The developments of pharmaceutical industries and medical practices have entailed the unintended consequences such as adverse effects of medicine, drug-induced sufferings, medical malpractice, medical drug lag, and device lag. Without paying attention to the voice of patients and victims, it is difficult for us to discover such sufferings, to analyze the features of problems, and to realize social justice in health fields. This session aims not only to clarify and understand the social sufferings and problems related to health and medicine, but also to offer the measures to advocate them through the analysis of their narratives and discourses.

This session welcomes sociological discussion of how language analyses influence the understanding and the care of

- The victims of drug-induced sufferings*
- The victims of medical malpractices*
- The patients of incurable disease who faced with social exclusion*
- The victims of drug lag and device lag*
- And those who live with other social sufferings related to health and medicine*

*Session Organizers: **Keiji FUJIYOSHI**, Otomon Gakuin University, Japan, fjosh524@hotmail.com **Masahiko KANEKO**, National Defense Medical College, Japan, kaneko.masahiko@nifty.com*

Making a Contribution – Sociological Theory and Method for Contemporary Healthcare Systems Research

The changing landscape of health care systems requires new ways of thinking about health and healthcare. The potential for sociological research to contribute to national and international debates about power relations in healthcare is yet to be fully realised. This session builds on one held in ISA Vienna in July 2016 about sociological research in healthcare systems by focusing on the contribution sociology can make to understanding contemporary trends in financing of healthcare, effects of changes to the organization of health care (including the increase of private healthcare), and the responses of citizens to requirements to be active and responsible consumers of healthcare. This session will provide a forum for debating what the sociological contribution can, and should, be to understanding contemporary healthcare systems, with particular focus on how sociological theory and research could inform, or influence, policy and practice.

*Session Organizer: **Karen WILLIS**, Australian Catholic University, Australia, Karen.Willis@acu.edu.au*

Mental Health and the Courts

Mental health diagnoses carry different power in different sites; none may be more problematic than within the legal system. Diagnoses of schizophrenia or substance use disorder can impact ones access to employment, self determination, and parental rights. Other conditions, such as personality disorders may be less well-understood by courts and less impactful, regardless of empirical evidence of their relevance. Nonetheless, diagnoses can be used as labels or accusations for the purposes of name-calling, or disregarded entirely by a system untrained in their sometimes relevance. This session will focus on the intersection of mental health diagnoses and legal systems, with an emphasis on the power dynamics and consequences for various actors. Research which addresses children's rights, intersectional inequalities or offer empirical or theoretical insights will be especially welcomed, though the call is open to all related topics.

*Session Organizer: **Sandra SULZER**, Utah State University, USA, ssulzer@gmail.com*



Narratives of Healing in Conventional and Unconventional Care

Illness narratives is already a well established field in the social sciences since Kleinman (1988) defined and explored it; and many field researches focused on how suffering and illness of the sick are shaped by cultural values, norms and social relations, and on how this affects their health behavior. However, still few studies have centered on healing as a relational process involving both the patient's and the professional's roles in different health care contexts (hospitals, clinics, home, etc.), for different problems (acute and chronic illnesses), and by different conventional and unconventional medicines (biomedicine, complementary and alternative medicines).

The aim of this session is to discuss the healing process according to the above different variables both at the theoretical level (concerning studies on the meaning of the art of healing according to different medical systems) and at the empirical level (by field researches applying a narratives approach to the study of the role of the professional in different health care contexts, for different problems and by various medical paradigms; on the patient-professional relationship and its role in the healing process; on the meaning of diagnosis, treatment and clinical care according to different medical systems).

*Session Organizer: **Guido GIARELLI**, Department of Health Sciences, University 'Magna Graecia', Italy, guido_giarelli@tin.it*

New Developments in Measurement of Social Inequalities in Health

The description and explanation of social inequalities in health are affected by the quality and availability of data on health and social processes. These challenges are compounded in cross-national studies attempting to make inferences across social contexts, where issues of data harmonization loom large. Presentations in this session will tackle questions such as: Which concepts are suitable to collect data that are pertinent, cost effective and easy to integrate in general surveys? Which approaches produce data that are less affected by selection effects (e.g., survivor bias)? Which social mechanisms produce biases in health data? What contribution may physical or biologic measures of health conditions (biomarkers) be able to provide for sociological inquiry? To which extent are mortality data suitable for health analysis? What barriers remain in gaining access to administrative or register databases in different countries? This session invites both theoretical and empirical studies that investigate topics of measuring social inequalities in health. Comparative studies as well as national approaches are welcome.

*Session Organizers: **Peter KRIWY**, Chemnitz University of Technology, Germany, peter.kriwy@soziologie.tu-chemnitz.de; **Amelie QUESNEL-VALLEE**, McGill University, Canada, amelie.quesnelvallee@mcgill.ca; **Lisa STROHSCHHEIN**, Canadian Population Society, Canada, lisa.strohschein@ualberta.ca*

Social Epidemiology of Aging

RC11 Sociology of Aging (host committee)

RC15 Sociology of Health

Social Epidemiology is the study of the social distribution and social determinants of states of health, including diseases, disorders, behaviors, disability, injuries, violence, well-being, mortality, etc. It focuses on population health to improve the average health expectancy and reduce the risk inequalities within a population across various social statuses, including: race, ethnicity, gender, socioeconomic status, sexuality, etc. The Social Epidemiology of Aging merges the studies of social inequalities, health, and aging as cumulative experiences over the life course at a population-level from a Sociological perspective. This session addresses empirical and theoretical research on aging, seeking papers that focus on the life course perspective and/or social and environmental contextual-level influences on health. Papers may identify and interpret the reasons for changing population health patterns, better understand the pathways connecting the prior contexts to population health, or incorporate these patterns and pathways into prevention or intervention programs for middle-aged and older adults. Papers may use quantitative, qualitative, or mixed methods.

*Session Organizer: **Ronica ROOKS**, University of Colorado Denver, Department of Health and Behavioral Sciences, USA, ronica.rooks@ucdenver.edu*

Sociology of the Better Dying

RC15 Sociology of Health (host committee) RC11 Sociology of Aging

The medicalization of death and dying in contemporary society has increased our anxieties around dying within institutional settings. Death and dying have become depersonalized, and appear to focus more on the convenience of the hospital or nursing home staff than on the dying person or family. As a society we have forgotten that dying is part of the human process and we find ourselves uncomfortable in the presence of those approaching life's end. Consequently, those who are dying find often find themselves alone, isolated and afraid. This session will deal with the problems arising in the final stage of life. We will look for ways to utilize social relationships and structures which will allow us to 'have a good death.' We invite both qualitative and quantitative research as well as case studies that provide fresh insight into death and dying. Regional and or community studies are welcome. Of particular interest is the use of volunteers in improving the experience of the dying both in medical or hospice settings.

*Session Organizer: **Ken TAKENAKA**, Kyushu University of Nursing and Social Welfare, Japan, dotlaundory@yahoo.co.jp*

Sociology, Theory and Complementary and Alternative Medicine

Sociological research on traditional/indigenous medicines (TMs) and complementary and alternative medicines (CAMs) has grown into a thriving field, particularly in the last 15-20 years. Empirical studies on the use, practice and organisation of TM/CAM across different geographical areas and within different sectors of the health system have flourished, but theoretical frameworks have generally been limited and underdeveloped.

In this session, we invite submissions that address and deepen theoretical understandings of TM/CAM, illustrated where appropriate by empirical case studies. These may include, but are not limited to:

- broader macro-political issues in TM/CAM, such as the possibilities of integration or the development of hybrid medical forms*
- linking embodied experiences (of patients and practitioners) to social movements and trends*
- the relationship between TM/CAM and the state and international organisations (such as WHO), including regulatory forms, governance arrangements and the power/legitimacy of heterodox medical forms*
- TM/CAM and its relationship to late/post-modernity*
- TM/CAM practices and experiences through the lens of the new materialism*
- Cross-cultural comparison and theoretical frames for understanding TM/CAM practice as it moves across cultural boundaries.*

Session Organizers: Nelson BARROS, Associated Professor, Brazil, filice@fcm.unicamp.br; Caragh BROSANAN, University of Newcastle, Australia, caragh.brosnan@newcastle.edu.au; Nicola GALE, University of Birmingham, United Kingdom, n.gale@bham.ac.uk; Michael SAKS, University of Suffolk, United Kingdom, m.saks@uos.ac.uk



Teacher & Pupil Health: Research Findings and Methodological Obstacles

This session broadly discusses specific as well as methodological aspects of teacher and pupil health. Teachers and pupils daily interact in a quite complex system – the classroom. Teachers need to give emotional and instructional support, need to organize the classroom and, with physically handicapped children, they might need to give active support as e.g. lifting. Pupils need to fulfill their tasks and need to be self-organized. Altogether, this results in a demanding workplace that affects not just pupils' achievements and teachers' job performance and job satisfaction, but also their long-term physical, mental and social health. However, the complexity of classroom settings, the variety of school types and systems within and across countries, as well as personal factors of teachers and pupils challenge the research in this field.

In the scope of this session, a first focus lies on papers that present substantial research findings on health outcomes of teachers and/ or pupils and that discuss the associated risk factors, hazards and promoters of health. Besides, studies that take a comparative view on health outcomes across countries are very welcome. A second focus lies on the methodological aspects of teacher and pupil health research: We invite researchers to share and discuss their experience in collecting quantitative (e.g. cross-sectional/ panel survey data/ health care claim data) or qualitative data (e.g. focus groups, observational studies) or the obstacles they were faced when conducting comparative research (e.g. equivalence of variables for health assessment, implementation of data collection, translation).

*Session Organizers: **Kathrin BOGNER**, Institute for Teachers' Health, University Medical Center of the Johannes Gutenberg University Mainz, Germany, kathrin.bogner@yahoo.de
Dirk-Matthias ROSE, Institute for Teachers' Health, University Medical Center of the Johannes Gutenberg University Mainz, Germany, dirk-matthias.rose@unimedizin-mainz.de*



The Medicalisation of Social Problems: The Role of States and Markets

Medicalisation has been a major theme in medical sociology since the 1970s. Personal and increasingly also social problems such as poverty and unemployment are defined in medical terms and thus become subject to medical and pharmaceutical interventions. A renewed interest in medicalisation can be observed in recent years. It may stem from the change in the driving forces of medicalisation that Conrad and Clarke have suggested: Rather than the medical profession, market (e.g., companies) and state (e.g., health policy) actors seem to be the engines behind medicalisation in the 21st century. While companies in globalised capitalism use medicalisation to gain profits, states' rationales to engage in medicalisation are more complex. However, the resonance of medicalising (and thereby individualising) social problems with neoliberal reform and welfare state restructuring might be one important underlying mechanism. Unlike medicalisation processes that are driven by social movements and consumers, medicalisation through markets and the state reinvigorate questions of power and social control as well as the association of medicalisation with social stigma.

This session invites both theoretical and empirical studies that investigate the role of markets and states in the medicalisation of personal and social problems. Considerations on the individual level discussing the power of professionals or patients' adherence are also of interest. Comparative studies and studies from the Global South are particularly welcome.

Session Organizers: Nadine REIBLING, University of Siegen, Germany, reibling@soziologie.uni-siegen.de; Peter KRIWY, Chemnitz University of Technology, Germany, peter.kriwy@soziologie.tu-chemnitz.de; Sigrun OLAFSDOTTIR, Boston University, USA, sigrun@bu.edu



Towards a Sociological Critique of Digital Health

Today, a new generation of mobile digital technologies, such as smartphones, tablet computers, and wearable watches are increasingly embedded into the organisation and practices of healthcare, particularly in the context of the ever-expanding 'self-care' agenda. Being the products of the Web 2.0 era, these technologies offer novel means of patient-provider communication, new opportunities for monitoring bodily conditions and health behaviours and remote and instant access to personal health data. Medical sociologists are currently studying these technological advances and investigating how they create new realities where 'active patients' are demanded and new conceptions of health, illness and care emerge. This session invites theoretical and empirical contributions that provide a critical sociological analysis of the nature and consequences of digitised healthcare. Contributions may address the following questions:

- How is the generation and production of health knowledge affected by datafication and quantification?*
- How do digital care pathways affect the relationships between patients and health professionals?*
- How do digital devices create new regulatory regimes to control patients' health behaviour?*
- How do patients experience digital health technologies and what emotions and identities do they create?*
- How are digital technologies utilised in healthcare provision and how do they affect work practices and professionals' roles?*

By bringing together a set of papers from researchers working on these issues the session aims to contribute towards a sociological critique of digital health.

*Session Organizers: **Benjamin MARENT**, University of Brighton, United Kingdom, b.marent@brighton.ac.uk; **Flis HENWOOD**, University of Brighton, United Kingdom, F.Henwood@brighton.ac.uk*



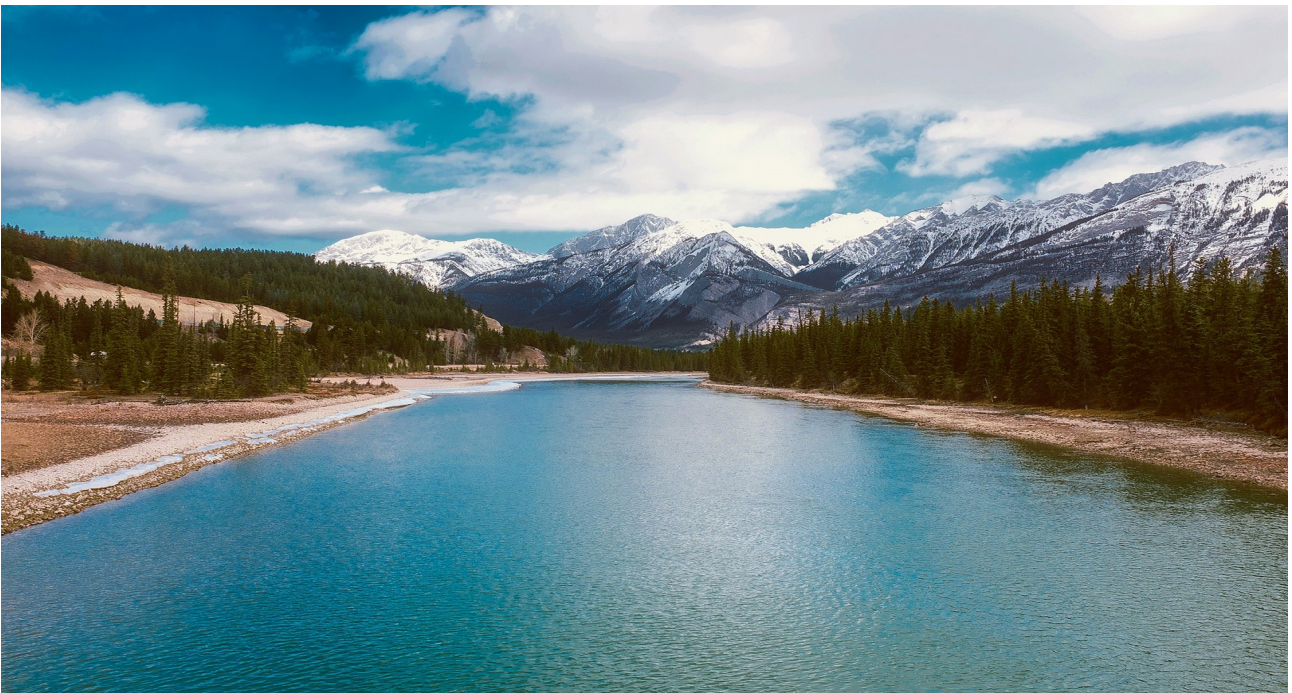
Using Community-Based Groups to Maintain Seniors' Health

RC15 Sociology of Health (host committee)

RC11 Sociology of Aging

Many seniors fail to report health problems, delay seeking health care, and/or do not manage their chronic conditions to clinical standards. Health care services are often less personal, siloed, and do not consider patients' active roles in their health care. There is an urgent need to reduce health care costs for seniors, potentially by developing cost-effective, community-based programs. Research shows that seniors' participation in reciprocity-focused community activities reduces loneliness and helps them age-in-place, but there is limited literature as to whether and how seniors' involvement in these community groups helps to maintain or improve their health outcomes. This session will examine whether community-based groups for seniors, such as support groups, time-banks, village models, naturally-occurring retirement communities (NORCs), senior centers, or other community-capacity building strategies (aka social capital), are effective in addressing chronic condition management (e.g., depression or mental health disorders, mild cognitive or physical functioning difficulties, etc.), perhaps compared to the usual standard of care via medical or pharmaceutical interventions. Papers may focus on community-based groups and seniors' connections and reciprocity among neighbors to reduce social isolation, improve self-care/management practices or health behaviors, improve self-reported health or well-being, or lower health care use, costs, medications, or hospitalizations. Papers may use quantitative, qualitative, or mixed methods.

*Session Organizer: **Ronica ROOKS**, University of Colorado Denver, Department of Health and Behavioral Sciences, USA, ronica.rooks@ucdenver.edu*



Social Networks and Inequalities in Health

Social relationships have been widely recognized for their powerful effects on physical and mental health, as they have been associated with a broad variety of health outcomes, such as depression, heart disease, disability, cognitive functioning, longevity and survival. An explanation is that individuals access and capitalize a wide array of material and immaterial resources through their set of social relationships, called social network.

Previous research on health inequalities has shown that variations in health often base on differences in access to social capital from social networks. While much of this research has focused on the country and the neighborhood level, less is known about how differences in social networks emerge at the individual level. For example, socio-demographic factors including employment status, income, education, gender and ethnicity may partially drive individual inequalities in social capital and health.

More complicatedly, the individuals' ability to foster and maintain a resourceful network also depends on their physical and mental health, which in turn is linked to socio-demographic characteristics, so that inequality, social networks and health are strongly interwoven.

This session takes a closer look at social networks as drivers, modifiers and outcomes of health inequalities. There is no a priori focus on qualitative, quantitative contributions or theoretical concepts.

There are the links between social networks and physical, mental health and risk behavior? What do we know about social networks with different social or socio-economic status (e.g., migrants, jobless persons, persons of older age). Do differences in their social networks relate to inequalities in health?

*Session Organizers: **Markus GAMPER**, Univeristy of Cologne, Germany, m.gamper@uni-koeln.de, **Lea ELLWARDT**, University of Cologne, Germany, ellwardt@wiso.uni-koeln.de, **Peter KRIWY**, Chemnitz University of Technology, Germany, peter.kriwy@soziologie.tu-chemnitz.de; **Andreas KLÄRNER**, Thünen-Institut, Germany, andreas.klaerner@thuenen.de*

Social Inequalities in Mental Health and Illness

RC15 Sociology of Health (host committee)

RC49 Mental Health and Illness

Language: French and English

We invite submissions on all areas of study of social inequalities in mental health and illness.

*Session Organizer: **Amelie QUESNEL-VALLEE**, McGill University, Canada, amelie.quesnelvallee@mcgill.ca*

Open Roundtable Session on the Sociology of Health

Language: English, French and Spanish

In this roundtable session, a maximum of 5 concurrent round tables will be organized assembling presentations on congruent topics in the sociology of health that may not otherwise fit the sessions currently scheduled in the program. We welcome submissions in the three ISA official languages and numbers permitting, we will seek to organize tables that could be conducted entirely in French or Spanish.

*Session Organizer: **Amelie QUESNEL-VALLEE**, McGill University, Canada,
amelie.quesnelvallee@mcgill.ca*



JAPANESE SOCIETY OF HEALTH AND MEDICAL SOCIOLOGY (JSHMS) ANNUAL CONFERENCE

The Japanese Society of Health and Medical Sociology (JSHMS) held their annual conference this year on May 19th and 20th at Bukkyo University in Kyoto. The theme of the conference was “Contestation and Controversy around Illness and Health”. The event attracted one hundred ninety two participants from all across Japan. Mike Saks, a professor at the University of Suffolk and board member of RC15, was invited as a guest lecturer and gave a talk titled, “The medical profession: Altruistic or a self-interested threat to the public?”

JSHMS was founded as an academically accredited society in 1989, based on the Society for Study of Health & Medical Sociology established in 1974. The society is currently composed of 700 members. Sociology, nursing science, and health science/medical science/other studies each occupy one-third of the society members’ specialties.

The society’s next annual conference will be held on 2018 May 19th and 20th at the Seisa Dhoto University in Hokkaido, and Professor Stephanie Short from Sydney University will be the guest lecturer. We would like to extend our welcome to participants from outside Japan. I hope to see you all there.

Miwako Hosoda (Seisa University in Japan)



INVITATION

Dear Professor Quesnel-Vallée,

the RC54 is organizing the new issue of its website by the distinction between the different sectors of studies to which each different group of bodies is referred by its acting and temporalities. This parameter should be, at the same time, a privileged field of exchange and correlation between the Committees, Groups and Networks interested to deal with the single topic specifically referred to the body. Before starting the work, it is therefore my duty to ask you, in quality of President of the RC15 if, by chance, you will like to suggest a scholar of your confidence interested in organizing and managing the forthcoming Sector "Bodies and Health" not before the next month of October.

This is a very early invitation, for counting all the new chairs that, of course, should be formally introduced and 'put in game' just at our World Congress of Sociology.

Thanks a lot of your kind feedback.

Kind regards.

Bianca Maria Pirani

Programme Coordinator and President of the RC54 "The Body in the Social Sciences"



FUTURE EVENTS



Mentoring Session to be held for ISA RC15 in Toronto, July 2018

We invite PhD research students, post-doctoral fellows and early career researchers to join senior scholars in this Session.

This ninety-minute Session will comprise three small groups. Young scholars can circulate between the three at thirty-minute intervals.

Each small group is convened by at least one senior scholar eminent in this area of expertise

One group will address how to attract funding to support your research, convened by Professor Michael Calnan from the University of Kent, Canterbury.

A second group will examine publishing your research in a peer-reviewed journal, edited book and/or a research monograph, convened by Professor Mike Saks from the University of Suffolk.

And, a third group will discuss communicating and promoting your research findings with non-academic audiences, convened by Professor Amélie Quesnel-Vallée from McGill University.

Please contact us if you are interested in attending as a junior scholar or if you are able to share your ideas and expertise as a senior scholar.

Sincerely,

Prof Stephanie Short

stephanie.short@sydney.edu.au

Prof Miwako Hosoda

miwhosoda@seisa.ac.jp



Pre-Conference to the 10th European Public Health Conference

Stockholm, 1 November 2017

Creating a sustainable people-centred health workforce in Europe: how to make it happen?

EUPHA Working Group 'Health Workforce Research' of HSR section in collaboration with the European Observatory on Health Systems and Policies, the OECD, and the WHO Regional Office for Europe Chair: Ellen Kuhlmann

Background. The importance of a people-centred and sustainable health workforce is increasingly recognised in Europe. Data sources and planning systems have improved on national/regional and European level. There is now better knowledge on what should be done to respond to changing population needs more effectively. However, it is not well understood how to make this happen. For instance, none of the European countries has sufficiently prepared their workforces to effectively responded to the demographic change and the increase of chronic diseases and multi-morbidity. In many countries a sustainable health workforce is challenged by demographic developments and by geographic maldistribution, and in some countries it is threatened by the effects of austerity politics. Professional 'silo' approaches remain dominant and consequently, coordination and integration within and between healthcare systems, sectors, providers and professional groups are weak.

Organisation and aims of the pre-conference. The pre-conference will be organised by the EUPHA Working Group 'Health Workforce Research' of HSR section in collaboration with the European Observatory on Health Systems and Policies, the OECD and the WHO Regional Office for Europe. The aim is to exchange knowledge, identify relevant gaps in research and stimulate critical debate on how to create an integrated, people-centred and sustainable health workforce. More specifically, the pre-conference seeks to clarify three main questions: (1) how to provide supportive policy and research frameworks, (2) how to prepare health professionals and organisations and plan for a sustainable integrated health workforce, and (3) how to practice skill-mix changes and a people-centred health workforce?

Policy relevance. The pre-conference will improve knowledge and perspectives for better health workforce governance and facilitate translation of research evidence into policy and practice. It will contribute new knowledge about health workforce innovation and effective policy implementation. Furthermore, the event will strengthen networking across countries and health workforce research, policymaking and practice.

Format. The pre-conference will present latest health workforce research in Europe. The sessions are built around the three major themes – provide frameworks, prepare and plan, and practice a people-centred health workforce – and a break-out session. The pre-conference will follow an interactive workshop style with a mix of session formats and time for discussion (at least half of the overall time). Session 1 opens the box with an expert panel followed by a plenary discussion. Session 2 and 3 include short keynote statements on

latest research findings and policy models followed by a facilitated discussion. Session 4 concludes with working groups and summing-up statements. For all sessions, participants are invited to actively contribute to the discussion; preparatory material will be circulated prior to the event.

Programme

Wednesday, 1 November 2017

9.00-10.30 Session I

Providing frameworks: how can research and policy support the creation of an integrated, sustainable and people-centred health workforce?

Session I opens the debate with an expert panel exploring how policy and research frameworks can support the creation of a people-centred health workforce. What action has been taken to better respond to changing population needs, to labour market conditions, and to health workforce needs, and what is planned in future? The session will promote critical debate to develop supportive frameworks for implementing new health workforce policies.

Panelists:

- Hans Kluge, WHO Regional Office for Europe
- Josep Figueras, European Observatory on Health Systems and Policies
- Gaetan Lafortune, OECD
- Natasha Azzopardi-Muscat, EUPHA President
- DG Santé, European Commission (participant to be decided)

Plenary discussion

11.00-12.30 Session II

Preparing and planning a sustainable and competent health workforce

Session II explores how to educate health professionals and continuously develop their competencies, and how to monitor, plan and organise an integrated and people-centred health workforce. The session will among others discuss options for overcoming 'professional silos' and for improving integrated and team-based approaches and effective skill-mixes in both education and monitoring/planning. This will help to prepare the individual health workers as well as the organisations, health systems and policymakers to better respond to changing population needs.

Keynote statements

- Health workforce education: new approaches, David Smith, International Network for Health Workforce Education (INHWE)
- Fostering the utilisation of available knowledge and evidence in the policy development and implementation process, Gilles Dussault, Instituto de Higiene e Medicina Tropical Lisboa, Portugal
- Identifying and evaluating team skills required for integrated and people-centred care, Akiko Maeda, OECD
- Health workforce planning from a skill-mix perspective, Ronald Batenburg, NIVEL, The Netherlands

Plenary discussion

13.30-15.00 Session III**Practicing an integrated, people-centred health**

Session III looks at health workforce innovation and facilitators of skill-mix changes. It explores integrated and transsectoral approaches and developments in Europe. Selected illustrative case studies complement the picture by setting the focus on currently under-researched areas: the integration of health and social care in high-resourced healthcare systems, and the sustainability of future health workforces in poorly-resourced central-eastern European countries. The discussion will improve knowledge exchange on health workforce innovation and explain best-practice examples and facilitators as well as challenges.

Keynote statements

- Reform strategies and skill-mix innovation, Matthias Wismar, Irene A. Glinos, Observatory on Health Systems and Policies
- Stakeholder involvement as facilitator of an integrated health workforce, Ellen Kuhlmann, Goethe-University Frankfurt, Germany/ Karolinska Institutet, Sweden, and Viola Burau, Aarhus University/DEFACTUM – Public Health and Health Services Research, Denmark
- Connecting health and social care: the 'Aging at Home' project in Norway, Walter Schönfelder, UiT – The Arctic University of Norway
- Health workforce needs in Serbia, Milena Santric Milicevic, University of Belgrade, Faculty of Medicine, Serbia
- Health workforce needs in Romania, Marius Ungureanu, Babes-Bolyai University, Romania

Plenary discussion

15.30-17.00 Session IV**Making change happen: how to create an integrated, sustainable and people-centred health workforce?**

Session IV is built on facilitated working groups to bring together and critically review the previous results and to discuss conclusions for health workforce policy, research and practice. Summary statements will suggest ways to improve governance, leadership and capacity building for an integrated, sustainable and people-centred health workforce in Europe. This session will move the health workforce debate further and contribute new knowledge on governance and policy implementation, that will help countries in Europe to respond to the health workforce challenges more effectively.

Facilitated Working Groups built on sessions 1 to 3, followed by a plenary discussion.

17.00 Summing up and closing

PUBLICATIONS

POLICY PRESS: BOOK SERIES RATIONALE

SOCIOLOGY OF HEALTH PROFESSIONS: FUTURE INTERNATIONAL DIRECTIONS

Mike Saks & Mike Dent

1. BRIEF SYNOPSIS

The book series centres on the production of high quality original work in the sociology of health professions – with an innovatory focus on likely future directions of such professions, based on an analysis of the historical and contemporary development of the health division of labour. In terms of originality, the series encompasses less conventional interrelated health fields such as social care, as well as more conventionally regarded professions like medicine and nursing and other allied health professions. It considers such groups in a range of international contexts in the modern world, with reference to future directions. As such, this expansive series will provide a distinctive market position for Policy Press in relation to other publishers, covering a wide range of associated health professional areas – from users of services to management and organisation.

The series draws on a broad span of globally renowned academics writing in the sociology health field – and is therefore based on the highest quality scholarship embodied in commissioned sole/multiple authored monographs together with the occasional edited collection. The book series will be launched at the major International Sociological Association World Congress in Toronto in the summer of 2018 led by the editorial team. The focal point for this would be the first published book in the series – the editors' already commissioned edited volume with Policy Press on the health professions containing chapters from many contributors from around the world.

Each volume in the series will be actively and specifically commissioned by the two editors following scrutiny of proposals, with the approval of the publishers and external advice as appropriate. Here considerable strength is derived from the fact that the editorial team are elected members of the long-established Boards of the International Sociological Association Research Committee on Health and the Research Committee on Professional Groups respectively. This network would be supplemented by their use of other cognate networks of which they have membership – including the European Sociological Association and the British Sociological Association.

The unique selling point (USP) of the series is the novel focus on commissioned work on future directions for the health professions, based on the expertise of the series editors in this substantive area. This uniqueness is amplified by the editors' desire to cover at least some important topics in the series related to health professions that have all too rarely figured in the conventional literature. Such books would complement those in more mainstream medical and associated areas. The series will be marked too by an appealing policy thrust oriented towards influencing social change, as well as capturing leading edge international academic perspectives.

Up to four books in addition to the initial already commissioned edited volume on health professional

regulation in international context will be commissioned in the first instance for delivery by September 2019. Further volumes will then be contracted by the publishers, subject to a satisfactory progress review.

2. EDITORIAL AIMS AND POLICY

The general aims of the proposed series, oriented towards final year and postgraduate students, academic lecturers/researchers, practitioners and policy makers, are:

- To inform and stimulate debate about issues in the sociology of health professions
- To influence policy development and practice in the fields concerned
- To make a significant contribution to academic thinking in the sociology of health
- To produce original national/international work of recognised high quality.

The series will be focused on providing sociological insights into the past, present and future development of the health professions. Within this context, the books would all be written to appeal to a wider audience in other social sciences, such as politics and policy, beyond a purely sociological frame of reference – as well as to attract a readership of practitioners and policymakers.

This series will fill an important gap in the literature. There are many recent social scientific articles and books on individual health professions. Some of these also bring together the collaborative interface between these professions. However, the editors are not aware of any book series covering the health professions more generally – not least from a social scientific viewpoint and with such a clear policy/practice thrust, aimed at high impact in the field. This constitutes a further USP for the book series which would be resonant with the philosophy of Policy Press.

The series has the benefit of the central involvement of one of the editors, a previous President of the International Sociological Association Research Committee on Professional Groups, in a seminal co-edited international health professions collection some two decades ago (Johnson, T., Larkin, G. and Saks, M. (eds) (1995) Health Professions and the State in Europe, Routledge), as well as a more recent co-edited volume on a similar theme (Kuhlmann, E. and Saks, M. (eds) (2008) Rethinking Professional Governance: International Trends in Healthcare, Policy Press). The editorial team have themselves since produced many books on aspects of health and the health professions from a sociological perspective and bring great experience to this project.

3. EDITORIAL STRUCTURE

The names and affiliations of the series editors are as follows:

- Professor Mike Saks: Professor of Health Policy, University of Suffolk, and Visiting Professor, University of Lincoln, the Royal Veterinary College, University of London, and the University of St Mark and St John in the UK, and University of Toronto in Canada.
- Professor Mike Dent: Emeritus Professor of Health Care Organisation, Staffordshire University, and Visiting Professor, University of Leicester, in the UK

The series editors would drive the direction and texture of books in the series, in accord with the aims of the series and in close collaboration with the publishers. The series editors have a history of closely cooperating together to positive effect – not least on their latest Policy Press book: Chamberlain, J. M., Dent, M. and Saks, M. (eds) Professional Health Regulation in the Public Interest: International Perspectives which would be the opening book in the series. In terms of USPs, therefore, titles in the Sociology of Health Professions series would:

- Receive the benefit of an established and respected editorial team, who have considerable acknowledged expertise in this substantive area
- Present historical, contemporary and comparative international perspectives on conventional and less conventional aspects of health professions
- Publish unique perspectives from globally renowned academics writing in the sociology of health field, ensuring all titles are based on highest quality scholarship
- Capture cutting-edge international academic perspectives on health professions with a view towards influencing social change in the future
- Be part of a series which is the first of its kind, with texts which analyse the health professions from social scientific viewpoints and make an impact in the field.

4. INTERNATIONAL DIMENSIONS

An international advisory board would be established to draw from the outset on the wide global networks of the editors and include leading academic players in the sociology of the health professions from key English-speaking markets such as North America, Europe and Australia – as well as representation from a broader span of countries from South America to South Africa. An indicative list of members to be invited on to the advisory board is:

Professor Davina Allen, School of Nursing and Midwifery Studies, Cardiff University, Wales. Professor Nelson Barros, Faculty of Medical Science, Campinas University, São Paulo, Brazil.

Dr Debby Bonnin, Head of the Department of Sociology, University of Pretoria, South Africa

Professor Ray De Vries, Co-Director of the Center for Bioethics and Social Science in Medicine, University of Michigan, USA

Professor Jean-Louis Denis, Chair of Research on the Governance and Transformation of Health Organisations and Systems, Ecole Nationale d'Administration Publique, Montreal, Canada.

Professor Jonathan Gabe, Professor of Sociology, Royal Holloway University of London, England

Professor Guido Giarelli, Department of Health Sciences, University of Magna Græcia, Catanzaro, Italy

Professor Miwako Hosoda, Vice President, Seisa University, Japan

Professor Ian Kirkpatrick, Monash Warwick Professor of Healthcare Improvement and Implementation Science (Organisational Studies), Warwick Business School, England

Professor Donald Light, Perelman School of Medicine, University of Pennsylvania, USA

Professor Susan Nancarrow, Professor of Health Sciences, Southern Cross University, Australia.

Professor Mirko Noordegraaf, Utrecht School of Governance, Utrecht University, Netherlands

Professor Stephanie Short, Head of Behavioural and Social Sciences, Faculty of Health Sciences, University of Sydney, Australia

These members of the board, together with the series editors and their collective experience of publishing and research, would bring great expertise to the series and get the project off to the strongest possible start. They would help to assure an international balance in the authors and coverage of the series in the global north and south. More specifically, the terms of reference of the international advisory board are to:

- Be available for individual consultation by the editors as appropriate
- Suggest to the series editors prospective authors and volumes
- Provide selective feedback on book proposals and drafts
- Promote and market books in the series to their constituencies.

Some books in the series would be focused to a greater degree on single societies, but all would be expected to have a comparative international aspect – not least in drawing on experiences from differing social contexts in future policy visioning based on best practice. Books would be published primarily in the English language, which is quite pervasive in the main markets envisaged – North America, Europe and Australia. However, there may be scope for a more eclectic approach based on translation in relation to the Chinese and wider Asian markets as the series develops.

5. TARGET AUDIENCE

As noted above, the main potential audience for the series is high level undergraduate and postgraduate students, academic lecturers and researchers, and practitioners. It would clearly strike a particular chord with social science students and the many students in training and practice in health fields underpinned to a lesser or greater degree by the social sciences. Associated library sales should therefore be significant. There would also be appeal to policymakers at local, regional, national and international levels – particularly those in a managerial or leadership capacity. Moreover, the books would be written in such a way that – while targeted primarily at a higher level audience – they would be accessible to the educated lay reader.

Furthermore, there would be something of a captive market amongst the academic membership of the International Sociological Association Research Committees on Health and Professional Groups – including a significant proportion of professors who could promote the books amongst their students. There are also many other relevant academic groups to whom the book would appeal, from the British Sociological Association and the Social Policy Association to the health and professions networks of the European Sociological Association. Lists of members should be available for all of these groups to promote the books nationally and internationally.

In addition, there would be markets that could be tapped amongst health professional associations – from the Royal College of Nursing and the British Medical Association to the NHS Confederation in Britain. These organisations are mirrored by parallel bodies internationally. They highlight that the appeal of any specific book in the series may vary depending on its health professional focus, mirroring the situation amongst more specialised health courses and more focused research activity.

The volumes in the series should not be too highly priced so that they are accessible for purchase by more advanced students, as well as to those already in substantive academic or health-related employment. Hard back copies could be more highly priced for libraries. If published in paperback inspection copies may be selectively offered to academics recommending the texts to substantial numbers of higher level students, with discounts for individual purchasers as an initial promotional tool – as well as to cognate membership associations on a more sustained basis.

6. SERIES FORMAT, PROPOSALS AND CONTACT POINTS

The format for titles in the series, apart from the co-edited trailer, is as a set of sole/multiple authored research monographs, with the occasional research-based edited collection. The approximate word length for individual books in the proposed series is 80,000 words. It is envisaged that these will be print volumes that may also be accessible as online resources.

Examples of proposals envisaged in the first phase of publication include but are not limited to: comparative healthcare organisation, complementary and alternative medicine, healthcare governance, health leadership and management; personal support workers; and the role of users in healthcare. Proposals should be discussed with the series editors Mike Saks (m.saks@uos.ac.uk) and/or Mike Dent (Mike.Dent@staffs.ac.uk) who can provide a standard template from Policy Press for completion and submission as appropriate.

NEW PUBLICATIONS:

Collyer, F.M.; Willis, K. And Lewis, S. 'Gatekeepers in the Healthcare Sector: Knowledge and Bourdieu's Concept of Field' (forthcoming 2017, *Social Science and Medicine*).

Membership Update as at June 2017



Due to our successful membership drive in 2016, RC15 now has more than 200 members, and more academic sessions in the program at the forthcoming Conference to be held in Toronto in 2018. Well done.

The RC15 Sociology of Health Board comprises members from Australia, Canada, Germany, Italy, Japan, South Africa, UK & USA.

RC15 members come from around the globe: North America (Canada & United States); South America (Argentina, Brazil, Chile, Mexico & Peru); Africa (Burkina Faso, Kenya, Nigeria, South Africa & Swaziland); Europe (Denmark, Finland, Germany, Hungary, Iceland, Ireland, Italy, Norway, Portugal, Russia, Spain, Sweden, Switzerland, Ukraine & United Kingdom); the Middle East (Iran & Turkey); Asia (India, Indonesia, Japan, Malaysia, Philippines, Singapore, Taiwan, Thailand & Vietnam) and Oceania (Australia & New Zealand).

The more members we have the greater our resources to extend our research and scholarly activities, and the greater our opportunities to contribute to the ISA.

Membership with ISA extends for 4 years, so I encourage each member to recruit new members to ISA and RC15 towards the end of this year in each of our respective national sociological associations.

In effect the next membership period is the four-year period from 1 January 2018 - 31 December 2011.

Applications received **before October 15** will be processed for the current calendar year; applications received **after October 15** will be processed for the following calendar year.

See our Website for guidelines about how to join ISA RC15:

<http://www.isa-sociology.org/en/membership/individual-membership/guidelines/>

Life membership is available to those over 70.

For any further details, contact ISA isa@isa-sociology.org.

With all best wishes,

And I look forward to seeing you in Toronto.

Sincerely,

Stephanie Short

Secretary-Treasurer ISA RC15