The guidelines given for the mid-term exam are the same as those for the final exam. For example, the exam will be composed of three sections of short answers (choose 4 out of 5 from each section) and a section of essays (choose 2 of 3). So, refer back to the mid-term exam review for comments on how to study for the exam.

Remember that the final exam is comprehensive. As such, you should try to remain familiar with the material covered from the first exam. The short answer questions will not be taken from the first part of the course, but the essay questions may require that you draw on information from that part of the course.

**Short answer review questions**

1. Why is it difficult to classify people into races based on biological markers? How is race socially defined? Death rates can be affected by problems in measuring race. What are some of the problems in measuring race as discussed by Williams? If certain minority groups are undercounted in the census, how does that affect the death rates for those racial groups?

2. What is the definition of excess mortality as it relates to racial differences in mortality outcomes?

3. What is admixture, how is it measured, and what is problematic about the ways in which it is measured?

4. Multiracial status often poses a problem in the measurement of race. What is the “one drop rule” and how does it apply to this problem? How does the National Center for Health Statistics (NCHS) deal with this problem in defining the race of a child who has parents of different races?

5. How are racism, prejudice and discrimination defined? What are biological, cultural and internalized racism? What does the research indicate regarding the effects of racism and discrimination on health?

6. What are audit studies? Be able to provide examples of what some have found with regard to racial discrimination.

7. What is institutional discrimination? Provide 3 instances of institutional discrimination in housing. Institutional discrimination in housing has resulted in high levels of residential segregation. What are the consequences of this form of segregation?

8. Williams argued that because of racism, measures of SES do not mean the same thing for whites and blacks. What does he mean by this? Provide examples.
9. How does the infant mortality rate for African Americans compare to that for the rest of the U.S. population? What are the factors that contribute to low birthweight babies and infant mortality? Once these risk factors are taken into consideration, how does the rate of low birthweight births for African Americans compare to that for the U.S. as a whole?

10. What are some of the factors that contribute to injury-related deaths among African American children? How do these factors differ from those of whites?

11. What is the leading cause of death among older whites and blacks? What sorts of preventative measures could be taken to reduce the mortality rate due to this cause?

12. What is the mortality crossover effect? What are some possible explanations for this effect?

13. What is allotment (as it applies to American Indians) and what were the consequences of the allotment policy for American Indian tribes?

14. What are some of the risk factors for diabetes? What is the peculiar finding regarding diabetes rates for the Pima Indian tribe?

15. What is the IHS and what are its advantages and disadvantages for American Indians?

16. List and explain the six phases of the public policy relationship between the U.S. government and American Indians.

17. What is the geographic distribution of Hispanic groups in the U.S.? What about Asian and Pacific Islander American groups?

18. What is the definition of a migrant farm workers? What are the three most common streams of migration followed by these workers in the U.S.? What is the estimated life expectancy of a migrant farm worker at birth and what are some of the conditions that contribute to this low level?

19. What is the Latino epidemiologic paradox? What sorts of factors might be responsible for the patterns observed in the paradox?

20. What are some of the barriers to accessing health care for Hispanics?

21. Why is it difficult to make generalizations about Asian and Pacific Islander American groups in discussing SES and health issues?

22. APIA groups are some of the fastest growing racial subpopulations in the U.S. Through the 1970’s and 1980’s, what accounted for most of this growth? What is likely to be the pattern of growth for this group over the next 50 years?

23. What is the “model minority” concept? Can it be aptly applied to APIA’s? Why or why not?
24. Why is it difficult to get accurate assessments of population health status for APIA’s? Given these difficulties, are estimates of health problems and mortality for APIA groups likely to be biased upwards or downwards?

25. How do the levels of health and SES for APIA’s differ from those for other races? How do the levels differ among ethnic groups within the APIA population? That is, what APIA groups tend to have the best and worst health and highest and lowest SES?

Essay review questions

1. We have discussed the potential importance of culturally relevant health care and health improvement interventions. Be able to discuss why these are important and how they would best be accomplished for different racial groups.

2. Some of the worst health and SES levels in the country can be found on American Indian reservations. What are the historical and contemporary factors that have contributed to this pattern of health and SES? What sorts of government programs have been developed over the years to fight these problems? Have these programs been successful? What sorts of programs would be needed to help alleviate the problems that remain?

3. Be prepared to list and explain many of the factors thought to be responsible for difference in health status between the APIA group as a whole and the general population. Also be prepared to discuss the barriers faced by APIA groups in receiving adequate medical care.

4. Feagin discussed the forms of discrimination that African Americans often face in their day-to-day lives. Be prepared to discuss instances of discrimination cited by Feagin. Does discrimination affect health? What have studies found in this regard? Are people of low SES more vulnerable in terms of these problems affecting their health? Why or why not? Does the John Henryism hypothesis play into these issues?

5. AIDS is poised to kill large numbers of people in certain developing regions around the world. Is AIDS a public health problem? If so, how would we treat the problem using a public health model of treatment? Would we need to use culturally relevant intervention strategies or would the same model apply across all regions?

6. Why is the U.S. a glaring exception to the general rule that higher levels of per capita GDP translate into better societal health? What factors might account for the discrepant situation of the U.S.? We know that discussing health and SES within specific racial groups can be misleading because ethnic groups within racial subpopulations tend to vary greatly. Can the same be said of the U.S. as a whole when comparing it to other countries?

7. Besides SES and insurance factors, what are barriers do African Americans face in receiving adequate health care? Be prepared to discuss both cultural and structural factors. If we were able to bring African American SES status up to that of whites, would we still find that African Americans have worse health than whites? If so, what factors would contribute to
this difference?

8. Given all of the problems we’ve discussed in defining race and in overlooking important within group differences when making generalizations about certain racial groups, should we continue to study race as a predictor of health? Why or why not? Would it be more effective to simply focus on SES given that it’s easier to define and measure?