SOC 205 – Poverty, Race and Health  
Review for Mid-term Exam

The mid-term exam will be composed of two types of questions, short answer and essay. The short answer portion of the exam will be divided into three sections. Within each section there will be 5 questions, but you will have to answer only four (for a total of 12 questions). In the essay portion of the exam, you will be given three essay questions and will have to answer two.

All of the material presented in the course (i.e., lecture notes, lecture discussion and readings) are eligible for inclusion on the exam. To this point we have covered a good deal of material, and as such, you may be unsure about what to focus on. First, don’t focus on the figures themselves. You will not be asked questions that force you to recall numbers (e.g., what is the official poverty line for a family of four in 1995?). However, you should learn trends. For example, how has the poverty rate changed since the 1960’s? How has it changed for children versus the elderly? Second, the short answer part of the exam will focus mainly on the course notes. So, when studying for the exam, pay careful attention to those notes. Likely short answer questions are those that involve definitions (e.g., what is Black Lung disease?) or lists (e.g., list the three most common mental disorders as measured by Kessler, et al.). Third, the essay questions are very broad and will force you to draw on knowledge from a number of areas. While you will need to provide specific information to get full credit, you will also have to argue a particular perspective. As such, the readings (as should the class discussions) will give you the background and evidence you need to construct a compelling argument.

In the remainder of the review, I have provided a variety of points that you should cover when studying for the exam.

Lecture 1, Definitions and Distributions of Poverty

• What is the official definition of poverty, how has it been criticized and what suggestions have been made to improve it? How have the rates of poverty changed over the past two decades for various groups?
• What is the Latino epidemiologic paradox, how does it apply to the notion of the underclass, and how have others (i.e., Jencks) defined the underclass?

Lecture 2, Explanations for Poverty

• What is “blaming the victim” and what blaming the victim explanations have been proposed?
• What “blaming the system” or external explanations for poverty have been proposed?
• Beyond “blaming the victim” and “blaming the system,” what explanations for poverty have been proposed?
• What is the “structural vulnerability” explanation and how does it interact with other factors that produce poverty?

Lecture 3, Assistance for the Poor

• What are the two types of welfare and what are the programs within each?
• What is the Personal Responsibility and Work Opportunity Act of 1996 and how did it change the structure of welfare? What programs were hit hardest by the act and how were they affected?
• What is the dual-labor market theory?
• What are Medicaid and Medicare? What are their goals and limitations?

Lecture 4, Poverty and Health – overview

• What is SES and how is it measured?
• How does disadvantage accumulate over the life course?
• What is the Black report and what does it say?
Lecture 5, Poverty and Health – trends

- What are the research goals and major findings of the Lantz, et al. and Kaplan articles?
- What is Healthy People 2000 and what are its major priorities?
- What is the interplay between SES and the life course as described by Wadsworth?

Lecture 6, Poverty and Health Linkages – housing and social environment

- How did black lung perception change over time? How did the “germ theory” of disease play into the perception?
- What work and production factors had an effect on coal miners and what were those effects?
- What problems beset the houses of the poor in Argentina?
- What is the definition and trends in availability of low-cost housing in the U.S.?

Lecture 7, Poverty and Health Linkages – work factors

- What are the major work-related mechanisms thought to underlie the SES-health relationship? What are examples of each?
- What is structural violence? Examples?
- What is OSHA, what are its limitations and what has it accomplished?
- What is Marx’s interpretation of labor (as presented in class)?

Lecture 8, Poverty and Health Linkages – health behaviors and nutrition

- What are the health behaviors thought to underlie the SES-health relationship? What are their specific health consequences? Are these relationships unique to the U.S.?
- What factors promote poor health behaviors?

Lecture 9, Poverty and Health Linkages – psychosocial factors

- What is Merton’s conception of anomie and how is it produced?
- What is Type A personality and how has research on it changed over time?
- How is hostility most commonly measured?
- What is the definition of John Henryism? What is the John Henryism hypothesis and has it been supported or refuted in the research literature?

Lecture 10, Violence as a Public Health Problem for the Poor – part 1

- What are the socioeconomic predictors of victimization in the U.S.? Worldwide, what groups of people are most likely to be victimized?
- How do U.S. violent crime rates compare to other countries? What points did Zimring and Hawkins make about the U.S. crime rate with regards to African Americans?

Lecture 11, Violence as a Public Health Problem for the Poor – part 2

- What barriers prevent accurate reporting of domestic violence rates?
- What are the factors thought to produce domestic violence?

Lecture 12, Health Care Issues – part 1

- What levels of health inequality can exist within a society and what is the current level for the U.S.?
- What are the barriers to getting health insurance and for access to health care?
- How have rates of mortality and morbidity (i.e., chronic disease and disability) changed over the past century? What diseases and interventions have contributed most to these trends?
Broad Issues

- At numerous times during the semester we have discussed the social selection and social causation arguments regarding the SES and health connection. Be sure you understand the two perspectives and can argue for the validity of one over another (and can cite evidence to support your argument).

- We’ve often discussed different issues as public health problems. You need to understand what is meant by a public health problem and what the public health model of prevention is (the three-stage model). You should be able to find examples (diseases and social issues) that can be treated as public health problems and apply the model to that problem.

- We have discussed mediating versus moderating factors. Not only do you need to understand the difference between the two, but you should be able to use them to construct an overall understanding of the SES-health relationship. Think about it this way: (1) what factors mediate the relationship between poverty and poor health; and (2) how does living in poverty moderate (i.e., worsen) the effect of other factors on poor health?

- Kaplan showed that being of lower SES can have consequences for health but so can living in poor environments regardless of one’s own income. Given what you know about the SES-health connection, what factors would you propose exist at the community level that would cause such a relationship between residence and health? How does the level of social inequality in a community or society contribute to this? In thinking about social inequality, you should consider both cultural factors and structural ones (think about Merton here).

- There are a number of possible explanations for poverty. What are the most plausible and least plausible explanations? What evidence is there to support your views?

- Given the arguments of McKinlay et al. regarding the contribution of medical interventions to the reduction of mortality and morbidity, should we be committed to spending large amounts of money on health care and medical research? Further, should we continue to attempt to reduce the health care inequalities in the U.S. as observed by Starr? If our goal is promoting overall societal health, would our money be spent better in other ways?