

**Sociology 190: Life and Death in the US: Medicine and Disease in Social Context****Final Exam, Spring 2006**

Your exam is due **between 3 pm and 4 pm, Monday, May 15, 2006** in William James Hall, Sixth Floor, Sociology Department Office. There will be a box on the receptionist's desk labeled "Sociology 190 Final Exams." No extensions will be granted.

Please turn in printed paper; emailed exams will not be accepted. You will write a total of three essays. Each essay should be approximately seven double-spaced pages, give or take. Good answers will make arguments that are explicitly backed up with evidence from lecture material and the course reading; references in parentheses are fine (*i.e.*, footnotes are not required). Outside references are neither necessary nor expected, though you'll notice several questions do ask that you engage with "the real world."

Each essay should start on a new page, and all essays should have page numbers, though only the face page should include your name. Please submit your exam as follows:

- 1) Face page: your full name / your teaching fellow's name / date;
- 2) Essay I-a/b (Title as you see fit, but be sure to include "I-a/b");
- 3) Essay II-a/b (Title as you see fit, but be sure to include "II-a/b");
- 4) Essay III-a/b (Title as you see fit, but be sure to include "III-a/b");

Please staple each essay separately, and attach (using a binder clip or a rubber band) the face page on top of the packet of three independent essays. This will allow us to number, and then evaluate, your essays anonymously.

## Essay I (choose one)

- I-A.** How might social support and social network factors increase the likelihood that an individual will survive having a heart attack? Be sure to define what is meant by social support and social networks, and explain at least three ways by which these factors might operate in this situation.
- I-B.** Read the below news item. Write an essay that explores some of the reasons that the health of Americans might be worse than the health of Britons in general. In addition, and in particular, suggest an explanation for why “richer American’s health status resembled the health of low-income British.”

**Blimey! Americans sicker than the Brits: More in U.S. suffer chronic diseases despite more health care spending** (*The Associated Press, May 2, 2006*)

CHICAGO - Middle-aged, white Americans are much sicker than their counterparts in England, startling new research shows, despite U.S. health care spending per person that’s more than double what Britain spends. A higher rate of Americans tested positive for diabetes and heart disease than the British. Americans also self-reported more diabetes, heart attacks, strokes, lung disease and cancer. The gap between the countries holds true for educated and uneducated, rich and poor.

“At every point in the social hierarchy there is more illness in the United States than in England and the differences are really dramatic,” said study co-author Dr. Michael Marmot, an epidemiologist at University College London in England. The study, appearing in Wednesday’s *Journal of the American Medical Association*, adds context to the already-known fact that the United States spends more on health care than any other industrialized nation, yet trails in rankings of life expectancy.

The United States spends about \$5,200 per person on health care while England spends about half that in adjusted dollars. “Everybody should be discussing it: Why isn’t the richest country in the world the healthiest country in the world?” Marmot said. “It’s something of a mystery,” said Richard Suzman of the U.S. National Institutes of Health, which helped fund the study.

The researchers looked for answers in the data, which came from government-sponsored health surveys. The research was supported by grants from government agencies in both countries. A U.S. researcher from the Rand Corp. was on the team. Smoking rates are about the same on both sides of the pond. Brits have a higher rate of heavy drinking, but a higher percentage of Americans are obese. The researchers crunched numbers to create a hypothetical statistical world in which the British had American lifestyle risk factors, including being as fat as Americans. In that model, the researchers found Americans still would be sicker.

Only non-Hispanic whites were included in the study to eliminate the influence of racial disparities. The researchers looked only at people ages 55 through 64, and the average age of the samples was the same. Americans reported twice the rate of diabetes compared to the British: 12.5 percent versus 6 percent. For high blood pressure, it was 42 percent for Americans versus 34 percent for the British; cancer showed up in 9.5 percent of Americans compared to 5.5 percent of Britons. The upper crust in both countries was healthier than middle-class and low-income people in the same country. But richer Americans’ health status resembled the health of the low-income British. Health experts have known the U.S. population is less healthy than that of other industrialized nations, according to several important measurements. U.S. life expectancy, for example, ranks behind that of about two dozen other countries, according to the World Health Organization.

Some have believed the U.S. has lagged because it has a more ethnically diverse population than some of the higher-ranking countries, said Suzman, who heads the National Institute on Aging’s Behavioral and Social Research Program. “Minority health in general is worse than white health,” he said. But the new study showed that when minorities are removed from the equation, and adjustments are made to control for education and income, white people in England are still healthier than white people in the United States...

## Essay II (choose one)

- II-A.** Consider the 2000 census data regarding three neighborhoods in the city of Boston shown on the map on the next page (obtained from <http://factfinder.census.gov>). Using the data given here on structural conditions in these Boston neighborhoods and evidence (both theoretical and empirical) from the readings, make an argument as to why some health outcome of your choice (e.g., longevity, infant mortality, low birth weight, obesity, asthma) might differ between two of these three neighborhoods. A good answer will make an informed critical analysis of the causal pathways that have been discussed this term. An *excellent* answer might include photographs of the neighborhoods or brief first-hand ethnographic evidence (e.g., description of the neighborhood, a short chat with a local merchant, etc.) obtained from a short trip to two of these neighborhoods. Information on the relevant T-stops is posted on the discussion forum in the thread marked “Final Exam Information.”
- II-B.** Civic disasters, both natural and imposed, have waged destructive assaults on American neighborhoods and communities in the past century, from the San Francisco earthquake of 1906, to the Chicago Heat Wave of 1995, the attack on 9/11, and, most recently, Hurricane Katrina. In each of these situations, the destabilizing effects of the disaster could be measured in terms of public health. There are a number of social mechanisms that we might consider as mediating disaster and health outcomes for those that survive such catastrophe. These might include structural attributes of neighborhood or relationships between people. Drawing upon theories and evidence provided in the course readings, describe some practical obstacles the city of New Orleans faces in improving health outcomes for its remaining and returning residents. This question asks you to integrate what you’ve learned this term about health outcomes and civic structure along a number of dimensions, and you accordingly have wide latitude to respond. While you should feel free to incorporate what you know of the situation from your knowledge of public events, a good answer should be grounded in what we’ve learned in the classroom.

## Essay III (choose one)

- III-A.** It has been recognized that binge drinking is a public health problem on college campuses. Taking advantage of your knowledge of the various kinds of social factors that contribute to this unhealthy behavior, design an intervention to decrease binge drinking on campus. Imagine that you’ve been hired by a public health policy firm to advise the incoming university President of two of the most effective solutions. Be sure to discuss the impact on the students and on the broader college environment of any policy recommendation you make. Most importantly, be sure to support each of your arguments with evidence from the readings.
- III-B.** Pick any one health behavior you wish – it can be framed positively or negatively (e.g., smoking is fair game, as is following the FDA’s food pyramid to the last detail) and discuss the external forces that determine whether someone behaves this way or not. A good answer will discuss at least three external/structural factors that determine individual behavior, and it will clarify the relevant roles of structure versus agency in this situation.