

Chapter 3

The Social Demography of Health: Social Class

Multiple Choice Questions

1. Historically, many urban clinics providing treatment for the poor were established primarily as:
 - a. A way to use tax dollars.
 - b. Religious facilities.
 - c. Medical research facilities.
 - d. Safe houses.
 - e. Teaching facilities.

Answer: E

Page: 48

2. Several studies find that the strongest and most consistent predictor of a person's health and life expectancy is
 - a. Psychological profile
 - b. Neighborhood.
 - c. Gender.
 - d. Social class.
 - e. Income.

Answer: D

Page: 49

3. Susan is a white, middle-aged doctor who lives in an affluent neighborhood. Max is a young, African American lawyer living in a trendy loft district. What social variable are they most likely to share in common?
 - a. Ethnicity.
 - b. Social class.
 - c. Number of doctor visits.
 - d. Life expectancy.
 - e. Good self-rated health.

Answer: B

Page: 49

4. A social class is a category or group of people who:
 - a. Are in the same age range.
 - b. Share similar ethnicity and culture.
 - c. Live in the same neighborhood.
 - d. Share similar levels of wealth, status, and power.
 - e. None of the above.

Answer: D

Page: 49

5. Which is NOT one of the five classes proposed by Weber?

- a. Upper class.
- b. Upper-lower class.
- c. Working class.
- d. Upper-middle class.
- e. All of these are correct.

Answer: B Page: 51

6. The lower class would include:
- a. Affluent well-educated professionals and high-level managers.
 - b. Semi-skilled and unskilled workers, the chronically unemployed.
 - c. Office and sales workers, small business owners, teachers, managers.
 - d. Skilled and semi-skilled workers, lower-level clerical workers.
 - e. All of the above.

Answer: C Page: 51

7. The National Statistics Socio-Economic Classification (NS-SEC) is a measure of class position, which is based on differences in:
- a. Age and gender.
 - b. Neighborhood.
 - c. Income.
 - d. Work/employment.
 - e. Education.

Answer: D Page: 51

8. The National Statistics Socio-Economic Classification (NS-SEC) is typically used by:
- a. CDC.
 - b. Americans.
 - c. British.
 - d. Chinese.
 - e. Unions.

Answer: C Page: 51

9. Social status is a(n) _____ dimension in “social class” consisting of how much esteem the person is accorded by other people.
- a. Objective.
 - b. Subjective.
 - c. Quantifiable.
 - d. Hidden.
 - e. None of the above.

Answer: B Page: 51

10. According to Weber, _____ is the ability to realize one's will even against the resistance of others.
- a. Power.
 - b. Prestige.
 - c. Presence.
 - d. Principle.
 - e. None of the above.

Answer: A

Page: 52

11. In quantitative studies, what variables are used to measure socioeconomic status?
- a. Social and human capital.
 - b. Income, occupational prestige, and education.
 - c. Income and wealth.
 - d. Status, wealth, and power.
 - e. Neighborhood characteristics.

Answer: B

Page: 52

12. Which component of social class is consistently the strongest single predictor of good health?
- a. Income.
 - b. Education.
 - c. Wealth.
 - d. Occupation.
 - e. Neighborhood.

Answer: B

Page: 52

13. New research is showing that the relationship between occupation, income, education, and health changes over the life course, with _____ becoming more important for health as a person moves toward older age.
- a. Occupation.
 - b. Education.
 - c. Income.
 - d. All of the above.
 - e. None of the above.

Answer: C

Page: 53

14. People living in poverty have the greatest exposure to risk factors producing ill health. Which of the following is a risk factor that is influenced by socioeconomic circumstances?
- a. Physical.
 - b. Biological.
 - c. Psychological.

- d. Lifestyle.
- e. All of the above.

Answer: E

Page: 54

15. In the United States, heart disease has _____ over the past 30 years.
- a. Increased.
 - b. Decreased.
 - c. Stayed the same.
 - d. Been eradicated.
 - e. Mildly increased.

Answer: B

Page: 55

16. Changes in lifestyle patterns over the past decades has meant that coronary heart disease is now concentrated more among which group?
- a. Upper class.
 - b. Upper-middle class.
 - c. Middle class.
 - d. Working class.
 - e. Poor/lower class.

Answer: E

Page: 55

17. The type of lifestyle that promotes a healthy existence is typical in which class?
- a. Upper class.
 - b. Middle class.
 - c. Working class.
 - d. Both A and B.
 - e. Both B and C.

Answer: D

Page: 55

18. Which of the following are more prevalent among the upper and middle classes?
- a. Schizophrenia.
 - b. Anxiety and mood disorders.
 - c. Substance-related disorders.
 - d. All of the above
 - e. None of the above.

Answer: B

Page: 55

19. According to Richard Wilkinson, which is the most important variable influencing a county's overall level of health?
- a. Degree of modernization.
 - b. Access to quality health care.

- c. Income inequality within a country.
- d. Overall wealth of the country.
- e. Cultural lifestyles that promote health.

Answer: C Page: 56

20. Several studies in Britain, with its universal health care, have shown that the equalization of health care alone has _____ the disparity in health between social classes.
- a. Reduced.
 - b. Not reduced.
 - c. Eliminated.
 - d. Reversed.
 - e. Exaggerated.

Answer: B Page: 56

21. Compared to other social classes, lower class individuals visit physicians _____.
- a. The same amount.
 - b. Less often.
 - c. More often.
 - d. Not at all.
 - e. None of the above.

Answer: C Page: 57

22. What 1980 report in Great Britain dispelled the notion that social class differences were becoming less important because of the growth of state welfare services?
- a. Health in Britain.
 - b. Disparities Report.
 - c. Black Report.
 - d. Whitehall Report.
 - e. None of the above.

Answer: C Page: 57

23. The Whitehall studies conducted in Britain demonstrated that regardless of cause of death, which group had the lowest rates of mortality?
- a. Senior administrators.
 - b. Professional/executives.
 - c. Clerical.
 - d. Other low status jobs.
 - e. No relation to rank.

Answer: A Page: 57

24. The finding that even the upper middle class lives shorter than the uppermost class, and that every class lives longer than the one directly below it is evidence of what?
- Educational differences.
 - Influence of deprivation.
 - Social gradient in mortality.
 - Social patterning of disease.
 - None of the above.

Answer: C

Page: 59

25. The cause(s) of the social gradient is most likely related to differences between socioeconomic groups and classes in:
- Self-esteem and stress levels.
 - The effects of income inequality.
 - Deprivation through the life course.
 - Health lifestyles and social support.
 - Some combination of all of the above.

Answer: E

Page: 60

26. What group uses preventative services the least?
- Upper class.
 - Middle class.
 - Working class.
 - Lower class.
 - None of the above.

Answer: D

Page: 60

27. Neighborhood disadvantage focuses on:
- Poor neighborhoods.
 - Unhealthy urban living conditions.
 - Southern states with high rates of poverty.
 - Minority-populated neighborhoods.
 - None of the above.

Answer: B

Page: 62

28. Which of the following is NOT one of the features of neighborhoods that can influence health?
- Physical environment.
 - Support services.
 - Sociocultural aspects.
 - Reputation of an area.
 - Racial makeup of the neighborhood.

Answer: E

Page: 62

29. _____ neighborhoods are clean and safe, houses and buildings are well-maintained, and residents are respectful of each other and each other's property.
- Orderly.
 - Disorderly.
 - Suburban.
 - Urban.
 - Government.

Answer: A

Page: 62

30. In order for a social variable to qualify as a cause of sickness and mortality it must meet which criteria?
- Influence multiple diseases.
 - Affect diseases through multiple pathways of risks.
 - Be reproduced over time.
 - Involve access to resources that can be used to avoid risks.
 - All of the above.

Answer: E

Page: 64

True False Questions

1. To be poor is by definition to have less of the good things in life, including health and longevity

Answer: TRUE

Page: 48

2. Improved access to health services is the primary solution for advancing health.

Answer: FALSE

Page: 49

3. Socioeconomic status or social class is the strongest predictor of a person's life expectancy.

Answer: TRUE

Page: 49

4. Whereas Americans focus on a person's occupation in determining that individual's location in a class hierarchy, British sociologists use a broader measure.

Answer: FALSE

Page: 51

5. The concept of SES is derived from ideas about social stratification put forward by Weber.

Answer: TRUE Page: 51

6. Status indicates a person's level of social prestige, which typically corresponds to wealth.

Answer: FALSE Page: 51

7. People with similar class standing generally have similar lifestyles.

Answer: TRUE Page: 52

8. The well-educated are more likely to smoke and less likely to exercise than their less-educated counterparts.

Answer: FALSE Page: 52

9. The relative influence of income and education on health changes over the life course.

Answer: TRUE Page: 53

10. Income is significant with respect to differences in the onset of chronic disease and physical limitations, but education is more strongly associated with the manner in which the health problems progressed over time.

Answer: FALSE Page: 53

11. Heart disease has been decreasing in Japan due to the spread of Western medicine.

Answer: FALSE Page: 54-55

12. The lower class is disadvantaged with respect to physical, but not mental health.

Answer: FALSE Page: 55

13. Wilkinson's theory of the relationship of inequality to population health has received strong support from numerous other studies and is currently the leading explanation of health disparities.

Answer: FALSE Page: 56

14. The social gradient in mortality links chance of death to differences in hierarchy rather than deprivation.

Answer: TRUE Page: 59

15. The Black Report provided strong evidence that the lower a person is on the social scale, the less healthy that person is likely to be.

Answer: TRUE Page: 60

16. Recent evidence has found that unemployment itself does not cause deterioration in mental health.

Answer: FALSE Page: 60

17. Poor housing quality is a problem in less-developed countries, but not in industrialized nations.

Answer: FALSE Page: 61

18. Neighborhoods contain resources needed to produce good or poor health for its residents.

Answer: TRUE Page: 62

19. The “fundamental social cause” thesis suggests that social class contributes to poor health and mortality, but is not a direct cause.

Answer: FALSE Page: 64

20. White-collar jobs tend to be more dangerous and stressful than blue-collar jobs and to carry inferior health benefits.

Answer: FALSE Page: 65

Essay Questions

1. Social class is made of multiple components. Identify these components, and comment on their contribution to the overall idea of “social class.”
2. The poor fall victim to different diseases at different rates compared to more affluent classes. Identify some “diseases of the lower class,” and discuss why these are more prevalent.
3. What is “neighborhood disadvantage?” Discuss how it is related to health.
4. In order for a social variable to qualify as a cause of mortality, Link and Phelan hypothesize that it must meet four criteria. List those criteria. Does “social class” meet these criteria? How so, or why not?
5. Discuss the Whitehall studies conducted by Marmot. What were the main findings in terms of social class and health?