

CHAPTER 2

PROBLEMS OF HEALTH AND HEALTH CARE

MULTIPLE CHOICE

1. Which of the statements below is true, according to the authors of your text?
 - a. Nearly 18 percent of Americans under 65 do not have any health insurance.
 - b. Economic class, race, and ethnicity are correlated with the risk of becoming seriously ill.
 - c. The heavy burden on the American healthcare system would be alleviated by emphasizing more on prevention of illness.
 - d. All of the above
 - e. None of the above
2. The text points out that in impoverished regions of the world, where high-quality medical care is often lacking, the social problems associated with physical health are profound. Which of the following is **NOT** one of these problems?
 - a. the spread of infectious diseases
 - b. high rates of infant and maternal death
 - c. vitamin deficiencies
 - d. low life expectancies
 - e. inadequate sewage and water systems
3. Which of the following are among the most important indicators of how well a society is providing health care for its population?
 - a. the number of hospitals and the number of hospital administrators
 - b. life span and the size of the 65-year-old part of the population
 - c. the birthrate and the death rate
 - d. the number of medical schools and the number of physicians
 - e. life expectancy and infant mortality
4. When one compares life expectancy and related indicators for low-income economies and industrial market economies, one finds that low-income economies have _____.
 - a. a longer life expectancy
 - b. lower rates of infant mortality
 - c. lower rates of mortality for children aged 1-4 years
 - d. All of the above
 - e. None of the above

5. In developed and developing nations, _____ rates are highly correlated with the number of healthcare professionals in a society which serves as a measure of the quality of the health care available to its members.
- life expectancy
 - the incidence of acute illness
 - the incidence of chronic illness
 - infant mortality
 - birth
6. The average age to which members of a society live is the measure called _____.
- life span
 - longevity span
 - life expectancy
 - life chances
 - lifestyle
7. Which of the following statements best explains the differences in life expectancy between "developed" and less developed nations?
- More war occurs in developed nations.
 - People in more developed nations are more likely to survive childhood diseases and parasites.
 - Modern medicine isn't used at all in less developed nations.
 - There are more famines in developed nations.
 - The more developed nations are located in more favorable climates.
8. According to the text, in the United States our comparatively poor health is largely due to the _____.
- low birth rates and high life expectancy
 - the number of healthcare professionals available
 - growing inequality and lifestyle problems
 - emergence of new and deadly epidemics
 - diversion of medical resources from basic healthcare
9. Which of the following statements about food and health in the global marketplace is **FALSE**?
- Governments should impose strict inspection and regulation of processed foods and animals, for the health and safety of all nations.
 - The outbreaks of "mad cow" and "bird flu" may differ from a medical standpoint, but sociologically, they raise similar problems of the distribution of knowledge and power.
 - Governments and corporations tend to delay informing the authorities and general public that the spread of infections is imminent, and that their inaction may be to blame.
 - When it comes to outbreaks of food and animal-borne disease, researchers and medical experts are given access to the most relevant data to help them curb the

spread of disease.

10. Longer life expectancy and lower infant mortality are correlated with _____.
 - a. the number of health-care professionals available
 - b. a higher daily protein supply per person
 - c. a larger number of midwives per person
 - d. All of the above
 - e. None of the above
11. In the poorest regions of the world, which of the following is **NOT** associated with high infant and child mortality?
 - a. poor birthing techniques
 - b. malnutrition
 - c. a decline in breastfeeding
 - d. inadequate sanitation and health facilities
 - e. All of the above are associated.
12. Which of the following is a factor detracting from better health among Americans?
 - a. the growing number of people in sedentary occupations
 - b. environmental pollution and cigarette smoking
 - c. fattening, nonnutritious foods in our diet
 - d. All of the above are factors.
 - e. None of the above is a factor.
13. The subfield of sociology that specializes in research on the health-care system and its impact on the public is called _____.
 - a. the sociology of illness
 - b. health-care sociology
 - c. medical sociology
 - d. gerontology
 - e. demography
14. In studying access to health care, sociologists find that _____ is/are most likely to affect access.
 - a. personal characteristics of the individual
 - b. the time at which the illness strikes
 - c. occupation aspired to by the person
 - d. social inequality
 - e. the person's social and political views
15. Medical sociologists often point out that the institutions of American health care are the source of many health-care problems, largely because the health-care system DID NOT develop _____.
 - a. in such a way that doctors maintain private practices, society supports hospitals, and insurance allows these two to function.

- b. in such a way that doctors were able to develop narrow specialties and refer patients to hospitals with special facilities.
 - c. in such a way that it became either a purely competitive industry, or a regulated public service.
 - d. as a result of none of the above.
16. According to your text, efforts to make our health-care system less costly and more efficient and humane must contend with the power of_____.
- a. insurance companies, doctors, and other health-care providers
 - b. sociologists, economists, and healthcare planners.
 - c. nurses, economists, and increasingly empowered patients who are now more aware of their rights.
 - d. citizens, labor unions, and hospital support staff.
17. When we face problems such as whether an elderly parent should be placed in a nursing home or if (or when) life-support systems should be stopped for a terminally ill relative, we deal with health-care problems at the _____ level.
- a. hopeless or unsolvable
 - b. professional or technical
 - c. micro or individual
 - d. macro or societal
 - e. economic or moral
18. When we confront problems such as how effectively health care is distributed among all people, including the elderly and poor, we deal with health-care problems at the _____ level.
- a. micro or individual
 - b. abstract or impersonal
 - c. macro or societal
 - d. economic or moral
 - e. professional or technical
19. On the average, the life expectancy for white males is about _____ years longer than that for black males and the life expectancy for white females is about _____ years longer than that for black females.
- a. 6;4
 - b. 8;6
 - c. 10;7
 - d. 12;9
 - e. 14;10
20. Which of the statements below is **TRUE**?
- a. Among preschoolers hospitalized for asthma, 2 percent of Hispanic children are prescribed medications to prevent future hospitalization.
 - b. African Americans are more likely than any other ethnic group to receive

- advanced heart treatments, and undergo bypass and angioplasty surgery to prevent heart disease.
- c. It takes twice as long to conduct follow-up diagnostic tests for breast cancer for Caucasian women than it does for Asian American women.
 - d. Asian American and Caucasian residents in nursing homes are more likely to have sensory and communication aids than Hispanic and African American residents.
21. The text points out that about _____ percent of Americans under age 65 do not currently have health insurance.
- a. 2
 - b. 5
 - c. 10
 - d. 13
 - e. 18
22. In the United States, the infant mortality rate for nonwhites, compared to whites, is _____.
- a. higher for nonwhites, but the difference is lessening
 - b. about one-half that of whites
 - c. more than twice the rate for whites
 - d. higher for whites, with the difference increasing
 - e. about the same for both whites and nonwhites
23. Which of the following demographic combinations places one at the greatest risk of not receiving adequate health care or emergency treatment?
- a. white and female
 - b. black and male
 - c. black and female
 - d. black and poor
 - e. white and male
24. Which of the following contribute(s) to the higher infant mortality experienced by the poor?
- a. the lack of prenatal care
 - b. smoking or other drug use by mothers-to-be
 - c. inadequate nutrition
 - d. All of the above contribute.
 - e. None of the above contributes.
25. Which of the following statements about inequalities of gender and healthcare in the United States is **TRUE**?
- a. More than half of the women who do not have health insurance report work full time or part time.
 - b. Less intervention (anesthesia, induced labor, surgical practices) and giving women greater say in decisions that affect their delivery, reduces health care

- costs.
- c. Women who cannot afford routine medical care become more ill, and their medical costs are higher, thereby contributing to disparities in healthcare costs.
 - d. All of these statements are true
26. Recently, the American health-care system has been said to be "in crisis." The main reason for this assessment is _____.
- a. a shortage of new medical technology
 - b. a nurse shortage
 - c. the spread of new diseases
 - d. rapidly rising costs
 - e. a physician shortage
27. In 2007, expenditures on health care in the United States amounted to _____ per capita.
- a. \$2,341
 - b. \$3,941
 - c. \$5,241
 - d. \$6,947
 - e. \$10,541
28. Until the mid-1980s, hospital costs rose at a dramatic pace, primarily because _____.
- a. of socialized medicine
 - b. hospitals had fewer reasons to keep costs down
 - c. of a lack of medical cost containment
 - d. of capitalism
 - e. of Medicare
29. Recently, increases in the costs of hospital care have slowed, because _____.
- a. there are more for-profit hospitals offering lower cost care
 - b. fewer people are becoming ill and needing hospitalization
 - c. the population is younger and needs less hospitalization
 - d. costly technology in treating illness isn't as important now
 - e. of improvements in the efficiency of hospital administration
30. Which of the following is/are (an) important factor(s) in the high cost of physicians' services?
- a. a shortage of physicians, especially in nonurban areas, for most of the past half-century
 - b. specialization
 - c. the high cost of malpractice insurance
 - d. All of the above are important factors.
 - e. None of the above is an important factor.

31. Medical sociologists and economists argue that _____ account(s) for a disproportionate share of total medical costs in the United States.
- a. the costs of steadily improving medical technologies
 - b. exorbitant salaries of family practitioners
 - c. the AIDS epidemic
 - d. misuse of health insurance benefits
 - e. None of the above
32. The cost of prescription drugs now accounts for about _____ percent of the annual increase in U.S. health-care costs.
- a. 45
 - b. 55
 - c. 65
 - d. 75
 - e. 85
33. In discussing rising health-care costs, the text points out that the baby-boom cohort includes a disproportionately large number of _____.
- a. upper-class citizens with plenty of money to pay
 - b. factory workers with dangerous jobs
 - c. women who exert a strong influence on national issues
 - d. dependent and working poor people
 - e. men with longer life spans who are concerned about healthcare
34. Today, about _____ percent of Americans are obese, and another 16 million are “super-obese”.
- a. 26
 - b. 36
 - c. 46
 - d. 56
 - e. 66
35. Data from the CDC indicate that about _____ deaths per year in the United States are attributable to tobacco use.
- a. 130,000
 - b. 230,000
 - c. 330,000
 - d. 430,000
 - e. over one million

36. In the United States, a health insurance system where costs are shared by employers, individuals, and the government dates back to the _____.
a. first years of the foundation of the United States
b. post-Civil War period
c. economic downturn of the 1890s
d. New Deal legislation of the 1930s
e. passage of Medicaid and Medicare legislation in the 1960s
37. _____ is an assistance program, financed from tax revenues, that is designed to pay for the medical costs of people of any age who cannot afford basic health care.
a. Medicare
b. Social Security
c. Old Age Survivors Insurance
d. Aid to Families with Dependent Children
e. Medicaid
38. _____ is a program, funded from Social Security taxes, that is designed to cover some of the medical expenses of people age 65 and beyond.
a. Medical Assistance
b. Medicare
c. Aid to the Aged
d. Medicalcare
e. Medicaid
39. Which of the following statements about the uninsured is **FALSE**?
a. Young people are more likely to be employed at jobs with no health benefits, and likely to be uninsured.
b. The lack of insurance among active workers may be because smaller firms are less likely to provide health insurance.
c. Minorities under 65 years are twice as likely to be uninsured than Caucasian Americans, because they are more likely to work for companies with no insurance benefits.
d. The number of small businesses and firms offering health insurance plans or benefits to employees has decreased over the years.
40. Both public and private insurance plans were originally intended to solve many of the problems and inequities of the American health-care system. The text points out that such plans have _____.
a. reduced the cost of health care
b. removed control of the system from health-care practitioners
c. compounded existing difficulties
d. solved existing difficulties
e. prevented physicians and hospitals from deciding what and how much treatment each patient will receive

41. The women's movement has, over the last 30 years, sensitized the nation to health issues that critically affect women. One of the first issues around which the women's movement was able to mobilize mass support was _____.
- discrimination against women in medical schools
 - unnecessary surgery
 - unnecessary prescription of drugs
 - forcible rape
 - abortion
42. Which of the following statements about employer-provided health insurance is **TRUE**?
- Large, multinational corporations are shifting production to countries where healthcare costs are either lower, or where healthcare costs are paid through a national healthcare system.
 - Among Hispanics, Cuban-Americans have the highest rates of job-based insurance; Puerto-Ricans have the highest rates of public insurance, and those of Central American or Mexican descent have the lowest rates of job-based insurance.
 - Membership in HMOs (health maintenance organizations) grew steadily, then decreased in recent years; PPOs (preferred provider organizations) are preferred because patients pay less if they use 'in network' doctors or hospitals.
 - All of the above statements are true.
 - None of the above statements are true.
43. Which of the following statements is **NOT** true of the disabled and handicapped in the United States?
- The increase in the proportion of disabled individuals in the population is due mostly to increases in the incidence of crippling diseases.
 - Although regrettable, many Americans actively discriminate against the disabled and the handicapped.
 - The disabled and the handicapped suffer from high unemployment and underemployment.
 - Increasingly, the disabled and the handicapped have emerged as recognized minority groups.
 - Generally, when hired, the disabled and the handicapped prove to be dedicated, capable, and productive workers.
44. Every opinion poll conducted about how Americans actually felt about the Terry Schiavo case showed that strong majorities believed that _____.
- life support should not have been removed, because we need to create a "culture of life" rather than of death.
 - the government should intervene in such cases to ensure that the person has the "right to stay alive"
 - the courts acted unwisely
 - people in a vegetative state have a "right to live"
 - the courts had acted wisely, and government should not interfere in highly

personal, emotional issues

45. According to the text, under the 2010 healthcare reform law, _____.
a. there are suggestions and support mechanisms for voluntary euthanasia and other forms of assisted suicide, similar to those allowed in the Netherlands and Belgium.
b. families and their terminally ill loved ones will be allowed to consult panels that will help them reduce costs of end-of-life medical care.
c. there are no provisions that suggest support for euthanasia or any form of assisted suicide; language that referred to end-of-life care was misinterpreted by opponents of the law to mean there would be increased involvement by government bureaucrats.
d. there is a clause that authorizes advanced-care planning consultations for senior citizens on Medicare every five years, and more often if there are significant changes in their health condition, or if they move to a hospice or other long-term care facility.
e. None of the above
46. The World Health Organization estimates that the HIV virus (the virus that causes AIDS) infects _____ million people, and almost 85 percent of the infected live in the developing nations of Asia and sub-Saharan Africa.
a. 10
b. 30
c. 40
d. 100
47. AIDS is transmitted primarily through _____.
a. blood transfusions
b. physical contact with another person, where skin comes into contact
c. the exchange of bodily fluids by kissing
d. sexual intercourse (especially anal intercourse) and the sharing of needles by drug users
e. breathing the exhaled air of an infected person
48. Because it appeared first in the United States among male homosexuals between the ages of 20 and 49, AIDS is sometimes erroneously referred to as the "_____. "
a. gay disease
b. grim reaper
c. deviant destroyer
d. male curse
e. Boys in the Band killer
49. The text points out that AIDS can be viewed as three epidemics rolled into one. Which of the following is **NOT** one of these?
a. the spread of the HIV virus

- b. emerging social policy surrounding HIV
 - c. the epidemic of the disease AIDS
 - d. the social, political, psychological, and ethical reactions to the disease and those who suffer from it
50. Studies have shown that as more hospitals are managed by for-profit or not-for-profit corporations, as opposed to the public sector, they are indeed less likely to provide services like _____.
- a. drug counseling
 - b. suicide prevention
 - c. AIDS treatment
 - d. All of the above
 - e. None of the above
51. Dennis Altman's study of the social, political, and psychological impact of AIDS in America highlights which theoretical perspective?
- a. conflict
 - b. functionalist
 - c. interactionist
 - d. developmental
 - e. social disorganization
52. The functionalist argues that a consumer (patient) is not in a position to shop for medical treatment the way one shops for other products or services because the consumer cannot evaluate the need for treatment. This refers to the issue of _____.
- a. product uncertainty
 - b. restricted entry
 - c. misallocated supply
 - d. norms of treatment
 - e. information
53. The functionalist argues that a consumer does not have sufficient knowledge to judge the effectiveness of sophisticated treatments. This refers to the issue of _____.
- a. restricted entry
 - b. misallocated supply
 - c. lack of price competition
 - d. product uncertainty
 - e. norms of treatment
54. The functionalist argues that since medical care is performed under the control of a physician, a patient does not direct his or her own treatment. This refers to the issue of _____.
- a. norms of treatment
 - b. misallocated supply
 - c. information

- d. professional dominance
 - e. restricted entry
55. The functionalist argues that prices for doctors' services are not advertised. This refers to the issue of _____.
- a. restricted entry
 - b. information
 - c. professional dominance
 - d. misallocated supply
 - e. lack of price competition
56. The functionalist argues that barriers to admission to medical school prevent the admission of qualified applicants. This refers to the issue of _____.
- a. misallocated supply
 - b. professional dominance
 - c. restricted entry
 - d. norms of treatment
 - e. information
57. The functionalist argument that many health-care services that are restricted to physicians could be performed by trained technicians refers to the issue of _____.
- a. norms of treatment
 - b. professional dominance
 - c. lack of price competition
 - d. misallocated supply
 - e. restricted entry
58. The functionalist argument that an abundance of specialists encourages the use of expensive and sophisticated treatments when simpler ones would be just as effective refers to the issue of _____.
- a. professional dominance
 - b. restricted entry
 - c. information
 - d. norms of treatment
 - e. misallocated supply
59. Interactionist studies of the health of Americans point out that many of the "bad habits" (like smoking and drinking alcohol) that can contribute to poor health are due to _____.
- a. addictive properties of the substances themselves
 - b. lack of willpower among those who are not healthy
 - c. how consumption norms reflect a need or desire to be sociable
 - d. All of the above
 - e. None of the above

60. According to the text, the American health-care system suffers from which of the following problems?
- a. Too many households lack medical insurance.
 - b. The costs of medical goods and services are mounting.
 - c. Medical malpractice insurance costs are forcing hospitals and doctors to curtail medical services in some instances.
 - d. All of the above
 - e. None of the above
61. In Canada and some of the social democracies of western Europe, the problems arising from aging populations, lack of coverage for the poor, the challenge of controlling health-care costs, and a host of other issues are addressed through what is known as a _____ system.
- a. multitiered
 - b. third-party
 - c. welfare
 - d. diagnostic-related grouping
 - e. single-payer
62. Which of the following is a **KEY** provision included in the healthcare bill signed into law in March 2010?
- a. Adults and children previously denied coverage due to preexisting conditions became eligible for access to healthcare.
 - b. Insurance providers cannot set lifetime maximums for healthcare payments to the insured, and cannot drop individuals when they fall ill.
 - c. Children up to age 26 can stay on their parent's insurance plans.
 - d. Small businesses that offer insurance benefits to their employees get a 35 percent tax credit from premiums paid.
 - e. New insurance plans created after passage of the law must offer preventive health care with no co-payments or deductibles.
 - f. All of the above are key provisions included in the healthcare reform law of 2010.
63. The "doughnut hole" in Medicare refers to _____.
- a. a new, freestanding prescription drug plan that will be formulated under the new healthcare law.
 - b. drug coverage obtained by individuals with an extremely low income and no personal wealth,
 - c. the cost of drug expenditures that surpasses the federal subsidy received by retirees aged over 65 years who are more than \$14,664.
 - d. none of the above
64. According to the Congressional Budget Office, an additional _____ million citizens will be added to the number of Americans with adequate health benefits by 2018.
- a. 17
 - b. 27

- c. 37
 - d. 47
 - e. 57
65. By 2014, the most significant measures of the healthcare reform law will take effect because_____.
- a. all citizens will be provided with Medicare as a form of medical insurance
 - b. an IRS penalty of \$750 or 2 percent of income will be imposed on citizens not covered by an employer or public plan
 - c. an IRS penalty of \$850 or 2 percent of income will be imposed on citizens without health insurance who choose not to purchase health insurance
 - d. employers will be fined up to \$850 for each employee who is not insured
66. Which of the following has been projected by the Congressional Budget office as **LIKELY** to occur as a result of the healthcare reform bill of 2010?
- a. increased coverage and much greater access to primary care
 - b. reduced costs to society as a result of increased access to healthcare
 - c. cost controls and fewer catastrophic illnesses
 - d. savings to the federal budget that will offset the additional costs of the reforms.
 - e. All of the above have been projected as likely results of the healthcare reform bill.
67. The text points out that almost every major health initiative, either in the United States or globally, is fraught with issues that originate in deep ideological divisions and moral dilemmas. Which of the following is **NOT** one of these issues?
- a. end-of-life measures
 - b. research on stem cells taken from unused human embryos
 - c. unnecessary cardiac surgeries
 - d. funding for women's reproductive health
 - e. reform of the health-care system itself

ESSAYS

68. Using standard measures of health, what do we find when we compare less developed or "low-income economies" with more developed or "industrial market economies"? To what may we attribute these differences?
69. A major problem in the United States health-care system is unequal access to health care. Which groups in the population have limited access and in what ways is their access limited?
70. Rising health-care costs have been an important problem in the United States. Describe the major factors that contribute to these cost increases.
71. What is medical sociology? How do medical sociologists analyze healthcare issues?

72. Explain how risky behaviors, costly procedures, and unequal access to medical services have led to rising healthcare costs.
73. Discuss AIDS as a global problem that affects healthcare costs. How has AIDS contributed to global poverty? Give examples of social programs that have attempted to control the spread of AIDS at a reasonable cost.
74. New medical technologies, including life-saving technologies, have led to a rise in new ethical issues in the treatment of illnesses. Some of the issues include end-of-life, privacy, and patients' rights. How have the general public and policy makers in the U.S. addressed these issues in the past decade?
75. Social class position affects health in many different ways. Describe some of the ways in which health is adversely affected by poverty.
76. Describe the social policy toward the disabled and handicapped during the past 30 years.
77. Compare and contrast health maintenance organizations (HMOs and preferred provider organizations.) Have these organizations alleviated or contributed to the problem of unequal access to healthcare in the United States? Give reasons for your answer.
78. Outline the text's discussion of health insurance reform in the United States. Why has the U.S. refused to adopt the single-payer model commonly found in most advanced industrial nations?
79. According to the text, what are some of the key provisions of the healthcare reform law passed in March 2010? Do you think that advances in healthcare policy in the United States will be achieved through this law? Explain the reasons for your answer.

KEY TO MULTIPLE CHOICE ITEMS

<u>Q</u>	<u>A</u>	<u>P</u>	<u>Q</u>	<u>A</u>	<u>P</u>	<u>Q</u>	<u>A</u>	<u>P</u>
1.	d	29, 33	24.	d	34	47.	d	52, 53
2.	c	29	25.	d	35	48.	a	52
3.	e	31	26.	d	36	49.	b	55
4.	e	31	27.	d	36	50.	d	56, 57
5.	d	31, 32	28.	b	36	51.	a	57
6.	c	31	29.	e	36, 37	52.	e	57
7.	b	31	30.	d	37, 38	53.	d	57
8.	b	31	31.	a	38	54.	a	57
9.	d	31	32.	a	38	55.	e	57
10.	a	31	33.	d	39	56.	c	57
11.	a	31	34.	a	39	57.	b	57
12.	d	32	35.	d	42	58.	e	57
13.	c	32	36.	d	43	59.	c	58
14.	d	32	37.	e	43	60.	d	59
15.	c	32	38.	b	43	61.	e	59, 60
16.	a	32	39.	a	44	62.	f	61
17.	c	32, 33	40.	c	44; 46	63.	c	61
18.	c	32	41.	e	46, 47	64.	c	61
19.	a	33	42.	d	45, 46, 47	65.	b	61
20.	d	33, 34	43.	a	48, 49	66.	b	62
21.	e	33	44.	e	48, 49	67.	c	62
22.	c	34	45.	c	48, 49			
23.	d	34	46.	c	51, 52			