Population, Life Course, and Health

Qualifying Exam, Spring 2018

The questions below constitute the qualifying exam in Population, Life Course, and Health. To complete the exam, you must answer one question from each of the three sections below in an essay format. Each answer should be a self-contained essay approximately 8–10 pages long (i.e., 2,000–2,500 words). Although you must cite to referenced work in each essay, one comprehensive bibliography for all three questions will be sufficient. You may consult materials from the reading list you've been provided, as well as any other scholarly sources you've read during the exam period.

This qualifying exam is to be completed in two weeks. The evaluation of the exam will take two weeks. You will be notified of your performance by email. Make sure that the office has your up-to-date contact information. Please use the identifying student number that you have been assigned at the top of your exam. The exams are graded confidentially and numbers only will be used to identify the author of the exam. See Graduate Handbook for any further details.

Please answer one of the following:

1. In the current literature on the sociology of health, life course approaches occupy a position of prominence. What is the life course perspective? Discuss the major ways in which studies of health and health outcomes employ the life course approach. What do you see as the important contributions life course approaches bring to the field of health (theoretical, conceptual, empirical)? What are the most important "open issues" within the theoretical and methodological debates in the literature of this area?

2. Life course researchers have begun to focus on growing disparities in and consequences of a "disordered life course." In this literature, what constitutes a disordered life course, what are some of the consequences of it, and in what situations are those consequences the most serious?

Please answer one of the following:

3. Social inequality is widely recognized as a fundamental cause of differential health and longevity. Social support is widely associated with relatively better physical and mental health. For many individuals, social support and socioeconomic status (relative or absolute) varies across the life course. You are hired by the World Health Organization to examine (employing a life course perspective) health differentials among persons 65 years of age and older in a low to the middle-income country of your choice. Your data collection should begin in 2020. You may select your health indicator(s) (physical, mental, or a mix of the two), but must design a study that will enable you to contribute to the understanding of health differentials across and within age groups past 65 years of age. While a detailed research design is beyond the scope of this examination, we ask that you share your thoughts on the core issues of importance in pursuing such a project. Use the literature to inform your thoughts, address the following:
    A. What specific measures of health/longevity will you employ? Why?

B. Briefly, what are the key elements to consider in drawing your sample? Why?

C. What kind of data will you collect? Try to reflect at least three of the four elements of life course analyses advocated by Elder (1) interplay of human lives and historical time, 2) timing of lives, 3) linked or interdependent lives, and 4) human agency in making choices) in your answer.

D. Briefly, discuss your approach to the timing of data to be collected in part C and how it is linked to the life course literature.

E. Outline at least one approach you will use to explore differences within cohorts, and one approach to assessing differences between cohorts.

4. At least three things are clear in research on health inequality: racial and ethnic minority populations in the United States have historically fared worse in terms of health than the majority population, the population of the United States is growing increasingly diverse, and racial and ethnic minority populations are over- represented in lower socioeconomic groups. Given this, what can explain disparities in health in the United States? What are the major areas and indicators of disparity? Where have there been areas of improvement and where have things gotten worse in the past 30 years? What are some barriers to addressing health disparities effectively? Finally, how is theory connected to resolving health disparities?

Please answer one of the following:

5. Describe demographic transition theory and discuss the relevance of the demographic transition for current conditions in either fertility, mortality, or migration in the developed and developing world.

6. Scholars of population have spent a great deal of time discussing the future of world population and the difficulties the global human community faces. One set of scholars and analysts claim that "world population is growing because it is poor." Another set of analysts claim that "world population is poor because it is growing." Describe the evidence for each perspective. If global population trends are to transition to low-fertility/low-mortality, as demographic transition theory suggests, what has to happen for us to get there?