1. By 2050, the Hispanic older adult population is expected to reach:
   A. 13 million.
   B. 17 million.
   C. 22 million.
   D. 25 million.

2. Individuals holding to the value of familism tend to:
   A. put the family’s needs over their own.
   B. place their needs over those of their family’s.
   C. teach their family about health care needs.
   D. work for the family business.

3. The degree of acculturation has been found to have which relationship to familism?
   A. It is associated with an increase.
   B. It plays a role in the value.
   C. It is inversely proportional.
   D. It causes a decrease.

4. Encouraging Hispanic older adults to change health behaviors is best done by:
   A. stressing the positive effect on self.
   B. allowing family members to provide the health education.
   C. providing reading materials in their language.
   D. discussing the positive effects on family members.

5. When an Hispanic older adult needs home care, the clinician’s best explanation is: “Caring for you in your home will...”
   A. allow your family to better assist you.”
   B. replace your family’s care.”
   C. prevent you from going into long-term care.”
   D. promise you end-of-life care.”
6. Hispanic individuals having longer life expectancies but with greater disability and poorer health outcomes is termed:
   A. Latin enigma.
   B. ethnic dilemma.
   C. Hispanic paradox.
   D. fictive kin.

7. Machismo translates into the expectation that men will:
   A. seek health care when needed.
   B. provide for their families.
   C. act responsibly with their finances.
   D. report abuse and neglect.

8. Clinicians working with Hispanic older adults and their families concerning health care decisions should consider:
   A. limiting visitors to allow for privacy.
   B. viewing the family decisions as final.
   C. offering information based on the clinician’s experience.
   D. encouraging completion of an advance directive.

9. The health attitudes of Hispanic compared to non-Hispanic adults find that Hispanic adults are less likely to:
   A. use preventive care.
   B. stop cancer treatments.
   C. follow family decisions.
   D. contact fictive kin.

10. When creating culturally sensitive care plans for Hispanic older patients, clinicians may be challenged by their understanding of:
    A. risk of non-adherence.
    B. value of individualism.
    C. benefit of personal responsibility.
    D. worth of disclosure.