# Test Bank for Epidemiology for Public Health Practice 6th Edition by Friis

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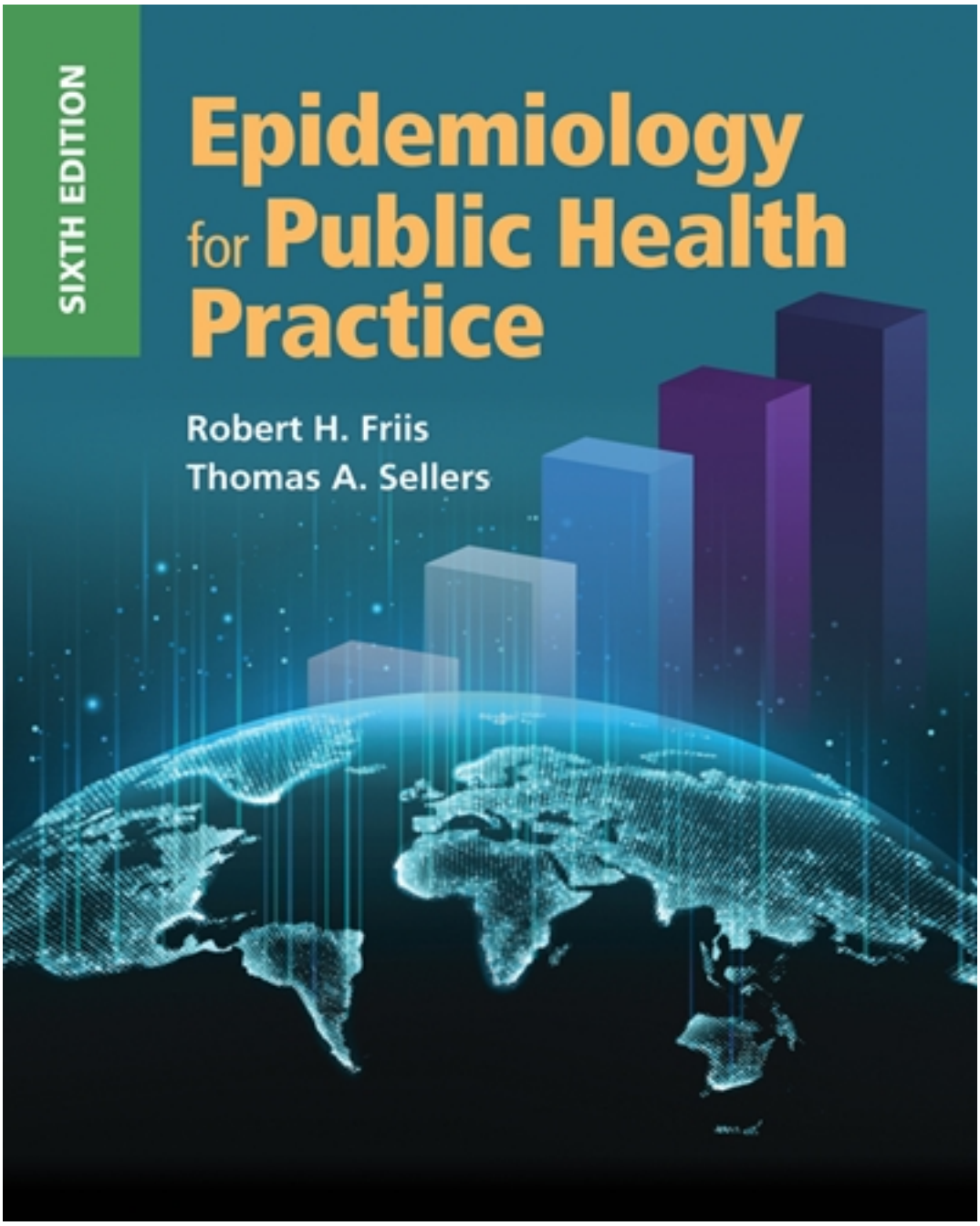


# Test Bank

**Chapter: Chapter 02 - Quiz**

**True/False**

1. Sexually transmitted diseases are examples of a residual disorder: one for which the contributing factors are known but for which methods of control have not been implemented effectively.
Ans: True
Feedback: 57

2. In less developed regions, triangular population distributions are linked to high mortality among younger age groups.
Ans: True
Feedback: 57

3. A dynamic population is one that adds new members through immigration and births and loses members through emigration and deaths.
Ans: True
Feedback: 59

4. High firearm death rates and homicide rates are indicators of adverse conditions within the community.
Ans: True
Feedback: 64

5. The term *health disparities* refers to differences in health outcomes (e.g., mortality and burden of disease) that are closely linked with social, economic, and environmental disadvantage.
Ans: True
Feedback: 65

6. An example of operations research is using epidemiology to plan the placement of health services in a community.

Ans: True
Feedback: 71

7. The National Ambulatory Medical Care Survey is a continuing probability survey of physicians who practice in public settings such as VA centers.
Ans: False

8. The Henle-Koch postulates were instrumental in efforts to prove the causative involvement of a microorganism in an infectious disease.
Ans: True
Feedback: 72

9. The epidemiologist John Cassel argued that the agent, host, and environment triad provided an adequate explanation for chronic diseases of noninfectious origin.
Ans: False
Feedback: 74

10. The criterion of plausibility refers to the existence of a dose–response relationship.
Ans: False
Feedback: 77

11. Doll and Peto demonstrated that the mortality ratios for lung cancer were similar among those who smoked 1–14 cigarettes per day and those who smoked 15–24 cigarettes per day.
Ans: False
Feedback: 78

12. The existence of a dose–response relationship, that is, an increase in disease risk with an increase in the amount of exposure, does not support the view that an association is a causal one.
Ans: False
Feedback: 77

13. An important risk factor for the population is always important for the individual.
Ans: False
Feedback: 80

14. Five-year relative survival rates for pancreatic cancer by race/ethnic group are below 20% for both non-Hispanic whites and African Americans.
Ans: True
Feedback: 81

15. Health education programs about the hazards of starting smoking are examples of secondary prevention.
Ans: False
Feedback: 83

**Multiple Choice**

1. What level of prevention is represented by halfway houses for persons recovering from addiction?
A) Primary prevention, active
B) Primary prevention, passive
C) Secondary prevention
D) Tertiary prevention
Ans: D
Feedback: Pages 83-85

2. What level of prevention is represented by nutritional counseling for pregnant women?
A) Primary prevention, active
B) Primary prevention, passive
C) Secondary prevention
D) Tertiary prevention
Ans: A
Feedback: Pages 83-85

3. What level of prevention is represented by screening for breast cancer?

A) Primary prevention, active
B) Primary prevention, passive
C) Secondary prevention
D) Tertiary prevention
Ans: C
Feedback: Pages 83-85

4. What level of prevention is represented by vitamin fortification of milk?
A) Primary prevention, active
B) Primary prevention, passive
C) Secondary prevention
D) Tertiary prevention
Ans: B
Feedback: Pages 83-85

5. What level of prevention is represented by immunization against rubella?
A) Primary prevention, active
B) Primary prevention, passive
C) Secondary prevention
D) Tertiary prevention
Ans: A
Feedback: Pages 83-85

6. The uses of epidemiology include:
A) search for determinants (causes of disease).
B) estimation of individual risks and chances of contracting disease.
C) evaluation of health services.
D) All are correct.
Ans: D
Feedback: Pages 51-52

7. What factors should be considered in measuring long-term changes in disease frequency over time?
A) Changes in diagnostic criteria
B) Changes in the age distribution
C) Changes in the fatal course of the condition
D) All are correct.
Ans: D

Feedback: Pages 54-56

8. According to the natural history of disease model, the time before the precursors of disease and the host interact is called the period of:
A) prepathogenesis.
B) pathogenesis.
C) primogenesis.
D) pathogenesis and primogenesis.
Ans: A
Feedback: Pages 82-83

9. Using epidemiology for operational research involves the study of:
A) community health services.
B) risks to the individual.
C) disease syndromes.
D) All are correct.
Ans: A
Feedback: Page 51

11. Which form of prevention takes place after the precursors of disease interact with the host?
A) Tertiary
B) Secondary
C) Primary
D) Both secondary and tertiary
Ans: D
Feedback: Pages 98-101

12. Increases in lung cancer mortality, especially among women, illustrate which of the following trends in disease occurrence?
A) A residual disorder
B) A new epidemic disorder
C) A persistent disorder
D) A disappearing disorder
Ans: B
Feedback: Page 63

13. There has been an increase in the number of epidemiologic studies reported in medical journals because:
A) they interest the public and physicians concerned with preventive medicine.
B) infectious diseases are predominant in U.S. society.
C) it is relatively easy to investigate risk factors through experiments.
D) All are correct.
Ans: A
Feedback: Page 58

14. The difference between primary and secondary prevention of disease is:
A) primary prevention means control of causal factors, whereas secondary prevention means control of symptoms.
B) primary prevention means control of acute disease, whereas secondary prevention means control of chronic disease.
C) primary prevention means control of causal factors, whereas secondary prevention means early detection and treatment of disease.
D) primary prevention means increasing resistance to disease, whereas secondary prevention means decreasing exposure to disease.
Ans: C
Feedback: Pages 97-101

15. In 1900, the death rate per 100,000 population for influenza and pneumonia (I & P) was 202.2; it was 22.4 in 2003. How much did the death rate due to I & P decline? [p. 86, problem 9a; p. 645]
A) 100%
B) 1000%
C) 90%
D) 9000%
E) None is correct.
Ans: C
Feedback: p. 86

16. Which of the following does *not* describe the Gini index?
A) It is a measure of income inequality.
B) It is related to the number of unhealthy days in U.S. states.
C) It varies across states in the United States.
D) It ranges from 1 to 2.
E) It represents complete income inequality when it is 1.
Ans: D
Feedback: Page 66

**Essay**

1. You are interested in controlling cigarette smoking among women aged 15-24. Describe one primary prevention approach and one secondary prevention approach you would use. Convey your understanding of the difference between primary and secondary approaches in the context of your answer.

**Classroom Activity**

1. Most students will have some familiarity with the concept of prevention. Select a topic of public health interest (for example, drinking and driving, or teenage pregnancy) and have students propose strategies for primary, secondary, and tertiary prevention.