

*Test Bank for Planning Implementing
and Evaluating Health Promotion
Programs 8th Edition by McKenzie,
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Chapter: Chapter 01 - Test Bank

Multiple Choice

1. The six dimensions of wellness include:

- A) emotional, occupational, mental, physical, social, and spiritual.
- B) emotional, occupational, intellectual, physical, social, and spiritual.
- C) occupational, mental, physical, engaging, emotional, and behavioral.
- D) occupational, intellectual, behavioral, preventable, social, and responsible.

Ans: B

Complexity: Easy

Ahead: Introduction

Subject: Chapter 1

2. Which of the following describes the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risks?

- A) Social determinants of health
- B) Dimensions of wellness
- C) Responsibilities and competencies
- D) Health field concept

Ans: A

Complexity: Easy

Ahead: Introduction

Subject: Chapter 1

3. Health promotion was recognized for its potential to help control injury and disease and to promote health during the:

- A) last third of the 19th century.
- B) first quarter of the 20th century.
- C) last third of the 20th century.
- D) first quarter of the 21st century.

Ans: C

Complexity: Easy

Ahead: Introduction

Subject: Chapter 1

4. Which of the following publications is considered to have been the document that gave great momentum to the health promotion and disease prevention movement in America?

- A) The Lalonde Report
- B) *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*
- C) The Role Delineation Project
- D) *A Framework for the Development of Competency-Based Curricula for Entry Level Health Educators*

Ans: B

Complexity: Easy

Ahead: Introduction

Subject: Chapter 1

5. The first edition of the 10-year goals and objectives that have helped to define and guide the U.S. health agenda were known as:

- A) *Healthy People 1970.*
- B) *Healthy People 1980.*
- C) *Healthy People 1990.*
- D) *Healthy People 2000.*

Ans: C

Complexity: Easy

Ahead: Introduction

Subject: Chapter 1

6. Which of the following statements is true?

- A) Health education and health promotion are basically the same thing.
- B) Health promotion is a part of health education.
- C) Health education focuses on tertiary prevention.
- D) Health promotion is more broadly defined than health education.

Ans: D

Complexity: Easy

Ahead: Health Education and Promotion

Subject: Chapter 1

7. A screening test for cancer would be considered what level of prevention?

- A) Primary
- B) Secondary
- C) Tertiary
- D) Both secondary and tertiary

Ans: B

Complexity: Easy

Ahead: Health Education and Promotion

Subject: Chapter 1

8. A cardiac rehabilitation program would be considered what level of prevention?

- A) Primary
- B) Secondary

C) Tertiary
D) Both primary and tertiary
Ans: C
Complexity: Easy
Ahead: Health Education and Promotion
Subject: Chapter 1

9. When a person is healthy, without signs and symptoms of disease, illness, or injury, the level of prevention most appropriate would be:
A) primary prevention.
B) secondary prevention.
C) tertiary prevention.
D) low-priority prevention.
Ans: A
Complexity: Easy
Ahead: Health Education and Promotion
Subject: Chapter 1

10. Assumptions of health promotion include all of the following *except*:
A) appropriate prevention strategies can be developed to deal with the identified health problems.
B) behavior can be changed and those changes can influence health.
C) initiating and maintaining a behavior change is difficult.
D) individual responsibility can best be viewed through victim blaming.
Ans: D
Complexity: Easy
Ahead: Assumptions of Health Promotion
Subject: Chapter 1

11. The organization responsible for developing the Code of Ethics for the Health Education Profession is:
A) CNHEO.
B) NCHEC.
C) SOPHE.
D) UDHHS.
Ans: A
Complexity: Easy
Ahead: Health Education as a Profession
Subject: Chapter 1

12. The three-tiered hierarchical model of practice for health education specialists was first created during the:
A) Role Delineation Project.
B) National Health Educator Competencies Update Project.
C) Health Educator Job Analysis.
D) Health Education Specialist Practice Analysis.
Ans: B
Complexity: Easy
Ahead: Health Education as a Profession

Subject: Chapter 1

13. The organization responsible for developing the examinations for the CHES® and MCHES® certifications is:

- A) CNHEO.
- B) SOPHE.
- C) NCHEC.
- D) USDHHS.

Ans: C

Complexity: Easy

Ahead: Assumptions of Health Promotion

Subject: Chapter 1

14. Which major area is *not* one of the responsibilities outlined in the responsibilities and competencies for health education specialist?

- A) Assess needs and capacity
- B) Planning
- C) Advocacy
- D) Promote healthy behaviors

Ans: D

Complexity: Easy

Ahead: Health Education as a Profession

Subject: Chapter 1

15. The current *Framework* that outlines the role of a health education specialist contains how many responsibilities?

- A) Seven
- B) Eight
- C) Nine
- D) Ten

Ans: B

Complexity: Easy

Ahead: Health Education as a Profession

Subject: Chapter 1

16. Which of the following is *not* one of the three main uses of the *Framework*?

- A) As a guide for colleges and universities to use when designing and revising their curricula
- B) The bases for the content for the code of ethics for the profession
- C) The bases of the content for certifying individuals as health education specialists
- D) As a guide for program accrediting and approval bodies to review college and university academic programs

Ans: B

Complexity: Easy

Ahead: Health Education as a Profession

Subject: Chapter 1

17. Pre-planning is intended to answer questions related to all of the following *except*:

- A) the purpose of the program.
- B) identifying and engaging partners.
- C) the success rate of the evaluation methods.
- D) the leadership structure.

Ans: C

Complexity: Easy

Ahead: Program Planning

Subject: Chapter 1

18. What are the sequential steps in the Generalized Model of program planning?

- A) Assessing needs, setting goals and objectives, developing interventions, implementing interventions, evaluation results
- B) Setting goals and objectives, developing interventions, assessing needs, implementing interventions, evaluating results
- C) Developing interventions, setting goals and objectives, implementing interventions, assessing needs, evaluating results
- D) Implementing interventions, setting goals and objectives, developing intervention, evaluating results, assessing needs

Ans: A

Complexity: Easy

Ahead: Program Planning

Subject: Chapter 1

True/False

1. True or False? It has been recommended that the profession de-emphasize the term *health educator* and use the term *health education specialist* in its place.

Ans: True

Complexity: Easy

Ahead: Assumptions of Health Promotion

Subject: Chapter 1

2. True or False? In its simplest terms, health promotion is the process of educating people about health.

Ans: False

Complexity: Easy

Ahead: Health Education and Promotion

Subject: Chapter 1

3. True or False? In order to qualify for the Advanced 2-Level practice, a health education specialist must have a doctorate and at least 10 years of experience.

Ans: False

Complexity: Easy

Ahead: Health Education as a Profession

Subject: Chapter 1

4. True or False? Stakeholders are those individuals who have a monetary interest in the program only.

Ans: False

Complexity: Easy

Ahead: Program Planning

Subject: Chapter 1

5. True or False? The priority population refers to a group or subset of a group of people who are the focus of an assessment or an intervention due to their identified, common characteristics.

Ans: True

Complexity: Easy

Ahead: Assumptions of Health Promotion

Subject: Chapter 1

6. True or False? One of the basic assumptions of health promotion is that health status can be changed.

Ans: True

Complexity: Easy

Ahead: Assumptions of Health Promotion

Subject: Chapter 1

7. True or False? Properly trained health education specialists are aware of the limitations of the discipline and understand the assumptions on which health promotion is based.

Ans: True

Complexity: Easy

Ahead: Summary

Subject: Chapter 1

8. True or False? Stroke rehabilitation is an example of secondary prevention.

Ans: False

Complexity: Easy

Ahead: Health Education and Promotion

Subject: Chapter 1

9. True or False? The results of the National Health Educator Competencies Update Project (CUP) in 1998 found that the seven areas of responsibility for health education specialists were no longer valid.

Ans: False

Complexity: Easy

Ahead: Health Education as a Profession

Subject: Chapter 1

Essay

1. List the eight areas of responsibility identified through the Role Delineation Project.

Ans: I–Assess Needs and Capacity; II–Planning; III–Implementation; IV–Evaluation and Research; V–Advocacy; VI–Communication; VII–Leadership and Management; and VIII–Ethics and Professionalism.

Complexity: Easy

Ahead: Health Education as a Profession

Subject: Chapter 1

2. Describe how the new CUP model structure differs from the previous model for areas of responsibility, competencies, and subcompetencies for health educators.

Ans: The original model had an entry level, followed by three additional areas of responsibility for advanced levels. The CUP model was hierarchical, incorporating all competencies and subcompetencies within the same seven areas of responsibility. The CUP model also had three levels: Entry, Advanced I, and Advanced II, distinguished by degree and years of service.

Complexity: Moderate

Ahead: Health Education as a Profession

Subject: Chapter 1

3. List out the steps in the Generalized Model of program planning.

Ans: Assessing needs, setting goals and objectives, developing interventions, implementing interventions, evaluating results

Complexity: Easy

Ahead: Program Planning

Subject: Chapter 1

4. List four of the six areas of concern for pre-planning and what questions need to be answered with each.

Ans:

Purpose of program

- Who is in the priority population?
- How are we defining the community?
- What are the desired health outcomes?
- Does the community have the capacity and infrastructure to address the problem?
- Is a policy change needed?
- Are environmental changes needed?

Scope of the planning process

- Is it intra- or inter-organizational?
- Who are our partners or potential partners?
- What is the time frame for completing the project?

Planning process outcomes (deliverables)

- Written plan?
- Program proposal?
- Program documentation or justification?

Leadership and structure

- What authority, if any, will the planners have?
- How will the planners be organized?
- What is expected of those who participate in the planning process?

Identifying and engaging partners

- How will the partners be selected?
- How will programs be tailored to the priority population?

- How will we engage the priority population?
- Will the planning process use a top-down or bottom-up approach?

Identifying and securing resources

- How will the budget be determined? (i.e., how much will the program cost and who will pay for it?)
- Will a written agreement (i.e., memorandum of agreement [MOA]) outlining responsibilities be needed?
- If MOA is needed, what will it include?
- Will external funding (i.e., grants or contracts) be needed?
- Are there community resources (e.g., volunteers, space, donations) to support the planned program?
- How will the resources be obtained?

Complexity: Moderate

Ahead: Program Planning

Subject: Chapter 1