Test Bank for Theoretical Foundations of Health Education and Health Promotion 4th Sharma

Theoretical Foundations of Health Education and Health Promotion, Fourth Edition
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Test Bank
Import Settings:
Base Settings: Brownstone Default
Information Field: Complexity
Information Field: Ahead
Information Field: Subject
Information Field: Learning Objective
Highest Answer Letter: D
Multiple Keywords in Same Paragraph: No
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Chapter: Chapter 1 – Test Bank

Multiple Choice

1. All of the following are components of a behavior, *except*:
A) frequency.
B) intensity.
C) duration.
D) timing.
Ans: D
Complexity: Moderate
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

2. Those preventive actions that are taken prior to the onset of disease or an injury with a view to removing the possibility of their ever occurring are known as:
A) primary prevention.
B) secondary prevention.
C) tertiary prevention.
D) quaternary prevention.
Ans: A
Complexity: Easy
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

3. Specific forms of behavior that are proven to be associated with increased susceptibility to a specific disease or ill-health are known as:
A) health-directed behaviors.
B) health-related behaviors.
C) risk behaviors.
D) protective behaviors.
Ans: C
Complexity: Moderate

Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

4. All of the following are activities for health education, *except*:
A) preparing health education informational brochures.
B) facilitating role plays or simulations.
C) analyzing case studies.
D) lobbying for policy change.
Ans: D
Complexity: Moderate
Ahead: Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Differentiate between health education and health promotion.

5. All of the following are key action strategies for health promotion in the Ottawa Charter, *except*:
A) building healthy public policy.
B) creating physical and social environments supportive of individual change.
C) reorienting health services to the population and partnership with patients.
D) ensuring environmental sanitation.
Ans: D
Complexity: Moderate
Ahead: Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Differentiate between health education and health promotion.

6. In the CUP model, competencies and subcompetencies performed by health educators with a baccalaureate or master's degree and more than 5 years of experience are at this level:
A) entry level.
B) advanced 1 level.
C) advanced 2 level.
D) advanced 3 level.
Ans: B
Complexity: Difficult
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

7. Which credential is bestowed by the National Board of Public Health Examiners?
A) Certified Health Education Specialist
B) Certified in Public Health
C) Certified in Public Health Examination
D) Certified Health Promotion Specialist
Ans: B
Complexity: Moderate
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

8. When a health educator respects the rights, dignity, confidentiality, and worth of people, he or she is showing responsibility:
A) in the delivery of health education.
B) to the profession.
C) in research and evaluation.
D) in professional preparation.
Ans: A
Complexity: Moderate
Ahead: Code of Ethics for Health Education Profession
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

9. The World Health Organization defined *health* in its constitution as "a state of complete _____ well-being and not merely the absence of disease or infirmity."
A) physical, mental, and social
B) political, emotional, and environmental
C) economic, political, and social
D) physical, emotional, and environmental
Ans: A
Complexity: Easy
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

10. Actions taken after the onset of disease or an injury with a view to assisting diseased or disabled people are known as:
A) primary prevention.
B) secondary prevention.
C) tertiary prevention.
D) quaternary prevention.
Ans: C
Complexity: Moderate
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

11. All of the following are priorities for health promotion in the Jakarta Declaration, *except*:
A) promoting education in biostatistics.
B) promoting social responsibility for health.
C) increasing investments for health development.
D) expanding partnerships for health promotion.
Ans: A
Complexity: Difficult
Ahead: Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Differentiate between health education and health promotion.

12. When community members actively participate to plan or implement projects, it is called:
A) community mobilization.
B) community participation.
C) community organization.
D) community development.
Ans: B
Complexity: Moderate
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Delineate community-related terms.

13. All of the following are areas of responsibilities for health education specialists, *except*:
A) planning.
B) evaluation and research.
C) fundraising.
D) leadership and management.
Ans: C
Complexity: Moderate
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

14. Which of the following organizations advances the practice of health education and health promotion through health behavior research?
A) American Academy of Health Behavior
B) American Association for Health Education
C) American College Health Association
D) American School Health Association
Ans: A
Complexity: Moderate
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: Identify at least five national health education organizations.

15. Actions that block the progression of an injury or disease at its incipient stage are known as:
A) primary prevention.
B) secondary prevention.
C) tertiary prevention.
D) quaternary prevention.
Ans: B
Complexity: Easy
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

16. Which of the following is *not* a limitation of the WHO definition of *health*?

A) Health has been described as a “state,” although it is dynamic and changes from time to time.
B) The dimensions mentioned in the definition are inadequate to capture variations in health.
C) It is too easy to measure health the way it has been defined and there should be more rigor.
D) The word “well-being” is subjective.
Ans: C
Complexity: Moderate
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Identify the limitations of the traditional definition of health.

17. Actions that are performed for reasons other than health but have health effects are known as:
A) health-directed behaviors.
B) health-related behaviors.
C) risk behaviors.
D) protective behaviors.
Ans: B
Complexity: Moderate
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define *health*, *health behavior*, *health education*, and *health promotion*.

18. Statement A: Unlike health education, health promotion does not endorse voluntary change in behavior and utilizes measures that compel an individual to change behavior.
Statement B: Health promotion is done at the individual level.
A) Statement A is true and statement B is false.
B) Statement A is false and statement B is true.
C) Both statements are true.
D) Both statements are false.
Ans: A
Complexity: Difficult
Ahead: Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Differentiate between health education and health promotion.

19. CHES stands for:
A) Certification in Health Education Studies.
B) Certified Health Education Specialist.
C) Certification in Higher Education Studies.
D) Certification in Health, Education, and Sanitation.
Ans: B
Complexity: Moderate
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

20. All of these are core functions of public health identified in the *Future of Public Health* report, *except*:
A) assessment.
B) health promotion.

C) policy development.
D) assurance.
Ans: B
Complexity: Moderate
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

21. Ethics is the study of:
A) knowledge.
B) righteousness.
C) morality.
D) religion.
Ans: C
Complexity: Moderate
Ahead: Code of Ethics for Health Education Profession
Subject: Chapter 1
Learning Objective: List the responsibilities of the Certified Health Education Specialist.

22. The collection of facts related to an action, idea, object, person, or situation is called:
A) awareness.
B) knowledge.
C) comprehension.
D) information.
Ans: D
Complexity: Moderate
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Define concepts related to antecedents of behavior.

23. Statements of perceived fact or impressions about the world are:
A) beliefs.
B) attitudes.
C) values.
D) feelings.
Ans: A
Complexity: Easy
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Define concepts related to antecedents of behavior.

24. Learning of facts and gaining insights related to an action, idea, object, person, or situation is called:
A) knowledge.
B) awareness.
C) information.
D) health literacy.
Ans: A
Complexity: Moderate

Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Define concepts related to antecedents of behavior.

25. Which of the following is an example of a macro theory?
A) Social cognitive theory
B) Social functioning theory
C) Theory of reasoned action
D) General adaptation syndrome
Ans: B
Complexity: Moderate
Ahead: Role of Theory in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Identify different types of theories and provide examples.

26. Which of the following is *not* a benefit of theory in health education and health promotion?
A) Helps in discerning measurable program objectives
B) Allows the educator to do what he or she wants to do
C) Specifies the methods for behavior change
D) Identifies the timing for interventions
Ans: B
Complexity: Easy
Ahead: Role of Theory in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Explain the role of theory in health education and health promotion.

27. The national professional health education honorary society is:
A) Society for Public Health Education.
B) SHAPE America.
C) Delta Omega.
D) Eta Sigma Gamma.
Ans: D
Complexity: Moderate
Ahead: Responsibilities and Competencies for Health Educators
Subject: Chapter 1
Learning Objective: Identify at least five national health education organizations.

True/False

1. True or False? One of the limitations of a theory is that it does not provide guidance regarding timing of the interventions.
Ans: False
Complexity: Moderate
Ahead: Role of Theory in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Explain the role of theory in health education and health promotion.

2. True or False? Community members getting organized to identify needs, set objectives, prioritize issues, develop plans, and implement projects for community improvement in health and related matters is called community mobilization.
Ans: False
Complexity: Difficult
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Delineate community-related concepts.

3. True or False? Albert Bandura's social cognitive theory is an example of a descriptive theory.
Ans: False
Complexity: Moderate
Ahead: Role of Theory in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Name different types of theories and provide examples

4. True or False? Theory helps in identifying the method to use in health education or health promotion.
Ans: True
Complexity: Easy
Ahead: Role of Theory in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Explain the role of theory in health education and health promotion

5. True or False? Beliefs are relatively constant feelings, predispositions, or views directed toward an idea, object, person, or situation.
Ans: False
Complexity: Moderate
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Define terms related to antecedents of behavior

6. True or False? By the end of the 19th century, the word health was considered colloquial and was replaced with the word hygiene, which was considered more scientific.
Ans: True
Complexity: Easy
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define health, health behavior, health education, and health promotion

7. True or False? The dimensions mentioned in the WHO definition of health are adequate.
Ans: False
Complexity: Moderate
Ahead: Health, Behavior, and Health Behavior

Subject: Chapter 1
Learning Objective: Identify the limitations of the traditional definition of health

8. True or False? A behavior is any covert action, conscious or unconscious, with a measurable frequency, intensity, and duration.
Ans: False
Complexity: Difficult
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define health, health behavior, health education, and health promotion

9. True or False? Health behavior is any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting, or maintaining health, whether or not such behavior is objectively effective toward that end.
Ans: True
Complexity: Easy
Ahead: Health, Behavior, and Health Behavior
Subject: Chapter 1
Learning Objective: Define health, health behavior, health education, and health promotion

10. True or False? Health education is any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities.
Ans: False
Complexity: Moderate
Ahead: Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Differentiate between health education and health promotion

11. True or False? Lobbying is an active support of an idea or cause that entails especially the act of pleading or arguing for something.
Ans: False
Complexity: Moderate
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Delineate community-related concepts

12. True or False? The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing is called information processing.
Ans: False
Complexity: Moderate
Ahead: Basic Vocabulary in Health Education and Health Promotion
Subject: Chapter 1
Learning Objective: Define concepts related to antecedents of behavior.

