COMMUNITY HEALTH EXAM II PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://communityhealth2.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

SAMPLE

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

SAMPLE

Questions

SAMPLE

1. Which step of the LOGIC model describes the evidence of service delivery produced by activities?

A. Input

B. Activities

C. Outputs

D. Outcomes

2. Which statement correctly differentiates centralized and decentralized public health departments?

A. Centralized: operated by state health agency/state board; five states use this method

B. Centralized: operated by local government; twenty-seven states use this method

C. Centralized: they are identical in structure

D. Centralized: operated by private sector entities

3. In meta-analysis, what is the key distinction between fixed-effects and random-effects models?

A. A type of logistic regression

B. Statistical method combining results from multiple studies; fixed-effects assume a common true effect across studies; random-effects assume true effects vary across studies

C. A method to impute missing data

D. A single study meta

4. Which elements are included in a logic model for a community health initiative?

A. Data collection techniques only

B. Randomization and blinding

C. Inputs, activities, outputs, short-term outcomes, intermediate outcomes, and long-term impact

D. Budgeting and staffing plans only

5. What is a main advantage of cross-sectional studies?

A. Quick and inexpensive

B. Establish temporality

C. Prove causality

D. Require long follow-up

SAMPLE

6. The statement 'Public health departments report each STI case to the state department of health, which then reports to the CDC' is true.

A. True

B. False

C. Not sure

D. Not applicable

7. Which statement correctly relates cumulative incidence and incidence proportion?

A. They measure different concepts and are unrelated.

B. They measure incidence rate.

C. They represent the proportion of the initially disease-free population that develops disease during the period.

D. They measure prevalence.

8. Which assessment model features end-in-mind, upfront evaluation, and a living document/action plan?

A. CHANGE model

B. SWOT analysis

C. Logic model

D. PRECEDE-PROCEED

9. Can nurses mandate public health actions?

A. No

B. Yes, in all situations

C. Yes, only with a physician order

D. Yes, during emergencies

10. In Theory of Planned Behavior, which components predict intention and behavior?

A. Attitudes toward the behavior, subjective norms, perceived behavioral control

B. Knowledge, skills, barriers

C. Self-efficacy, locus of control, norms

D. Attitudes toward the behavior, subjective norms, perceived behavioral control; intention mediates between them and behavior

SAMPLE

Answers

SAMPLE

1. C
2. A
3. B
4. C
5. A
6. A
7. C
8. A
9. A
10. D

SAMPLE

Explanations

SAMPLE

1. Which step of the LOGIC model describes the evidence of service delivery produced by activities?

A. Input

B. Activities

C. Outputs

D. Outcomes

In the LOGIC model, the tangible products that come directly from carrying out the planned actions are the outputs. Outputs are the immediate evidence that services were delivered—things you can count or observe, like the number of clients served, workshops conducted, or materials distributed. They show that the activities actually happened. Inputs are the resources put in, activities are what you do with those resources, and outcomes are the longer-term changes or benefits resulting from the outputs. So the evidence of service delivery produced by activities is the outputs.

2. Which statement correctly differentiates centralized and decentralized public health departments?

A. Centralized: operated by state health agency/state board; five states use this method

B. Centralized: operated by local government; twenty-seven states use this method

C. Centralized: they are identical in structure

D. Centralized: operated by private sector entities

Centralized public health means the state holds the authority, with a state health agency or state board directing local health departments. In this setup, funding, policies, licensing, and major decisions flow from the state, while local units carry out programs under that state-level direction. That's why describing centralized as operated by the state health agency or state board best fits the model, and it reflects why only a minority of states use this arrangement. The other descriptions don't fit: centralized is not run by local government, it isn't identical in structure across states, and it isn't operated by private sector entities.

3. In meta-analysis, what is the key distinction between fixed-effects and random-effects models?

A. A type of logistic regression

B. Statistical method combining results from multiple studies; fixed-effects assume a common true effect across studies; random-effects assume true effects vary across studies

C. A method to impute missing data

D. A single study meta

The key distinction in meta-analysis is how the true effect is treated across studies. In a fixed-effects model, there is one true effect size shared by all studies, and observed differences are due only to sampling error within each study. In a random-effects model, the true effect is allowed to differ across studies, modeling a distribution of effects and estimating both the mean effect and the between-study variance. This usually yields wider confidence intervals when there is heterogeneity and is preferable when studies differ in populations, settings, or methods. Use fixed-effects when the studies are effectively identical and you want to generalize only to the included studies; use random-effects when you expect real variation in effects and you want broader generalization beyond the included set. The other options don't describe meta-analysis models: it's not a type of regression, not a missing-data imputation method, and not a single-study meta.

SAMPLE

4. Which elements are included in a logic model for a community health initiative?

A. Data collection techniques only

B. Randomization and blinding

C. Inputs, activities, outputs, short-term outcomes, intermediate outcomes, and long-term impact

D. Budgeting and staffing plans only

This item tests how a logic model is structured for a community health initiative. A logic model maps what you put in (inputs), what you do (activities), what you produce (outputs), and the changes you aim for over time (short-term, intermediate, and long-term outcomes) plus the overall impact. This sequence shows the causal pathway from resources to activities to measurable results and health outcomes, serving as both a planning and evaluation tool. Data collection techniques alone focus only on measuring results rather than detailing the full chain of how resources and actions translate into changes. Randomization and blinding are study design features, not components of a logic model. Budgeting and staffing plans concern resources but don't alone describe the entire progression to impact. The option that lists inputs, activities, outputs, short-term outcomes, intermediate outcomes, and long-term impact reflects the complete logic model structure.

5. What is a main advantage of cross-sectional studies?

A. Quick and inexpensive

B. Establish temporality

C. Prove causality

D. Require long follow-up

Cross-sectional studies provide a snapshot by measuring exposure and outcome at a single point in time. The main advantage is that they are quick and inexpensive because data are collected once with no follow-up needed. This makes them ideal for estimating how common a disease or risk factor is in a population and for generating ideas about possible associations. However, because exposure and outcome are measured simultaneously, you can't determine which came first, so temporality isn't established and causality cannot be inferred. They also don't require long follow-up, which reinforces their speed and low cost.

6. The statement 'Public health departments report each STI case to the state department of health, which then reports to the CDC' is true.

A. True

B. False

C. Not sure

D. Not applicable

Public health surveillance for sexually transmitted infections relies on a stepwise reporting system. Local health departments receive reports of STIs from clinicians and laboratories, conduct necessary investigations, and ensure the cases are documented and reported according to state laws. The next level up is the state health department, which aggregates data from across the state and then forwards it to the national level, typically the CDC, through established surveillance channels. This flow—local to state to CDC—enables standardized data collection, national trend analysis, and timely outbreak detection and response. There can be variations by jurisdiction or disease, but the described path reflects the common practice and what is intended by notifiable disease surveillance systems.

SAMPLE

7. Which statement correctly relates cumulative incidence and incidence proportion?

A. They measure different concepts and are unrelated.

B. They measure incidence rate.

C. They represent the proportion of the initially disease-free population that develops disease during the period.

D. They measure prevalence.

Cumulative incidence, also called incidence proportion, captures the risk of developing the disease over a defined period in a population that is free of the disease at the start. It is computed as the number of new cases during the period divided by the number of people who were disease-free at baseline. Because both the numerator and denominator refer to a fixed group over a specified time, it is expressed as a proportion (a fraction between 0 and 1) and can be read as the proportion or percent of the initial disease-free population that becomes diseased during that period. This differs from incidence rate, which uses person-time to account for varying follow-up and reflects how fast new cases occur. It also differs from prevalence, which counts existing cases at a point in time (or over a period), not new cases. Therefore, the statement that cumulative incidence represents the proportion of the initially disease-free population that develops disease during the period is the correct relationship.

8. Which assessment model features end-in-mind, upfront evaluation, and a living document/action plan?

A. CHANGE model

B. SWOT analysis

C. Logic model

D. PRECEDE-PROCEED

The main idea being tested is planning with a clear end goal and an evolving, action-focused plan. The CHANGE model emphasizes keeping the desired health outcome in view from the outset and conducting an upfront evaluation of needs, resources, and readiness to achieve that goal. It also treats the plan as a living document, continually updated as new data come in and circumstances change, so actions remain aligned with the target and progress can be tracked and adjusted over time. While other frameworks offer valuable structures—for example, logic models map inputs and outcomes, and PRECEDE-PROCEED provides phased evaluation—none integrate end-in-mind upfront assessment with a continuously updated, actionable plan in the same lightweight, ongoing way as the CHANGE model.

9. Can nurses mandate public health actions?

A. No

B. Yes, in all situations

C. Yes, only with a physician order

D. Yes, during emergencies

Authority to mandate public health actions rests with public health authorities, not individual nurses. Nurses implement and enforce public health measures only under the legal directives of those authorities, or through physician orders within a patient's care plan. They can educate, advocate, and help ensure compliance, but they do not independently issue mandates to the public. In emergencies, directives come from the appropriate public health or government authorities, and nurses execute those orders rather than create them. That's why the statement that nurses can mandate public health actions is not correct—the power to mandate lies with the public health system, not with a nurse acting alone.

SAMPLE

10. In Theory of Planned Behavior, which components predict intention and behavior?

A. Attitudes toward the behavior, subjective norms, perceived behavioral control

B. Knowledge, skills, barriers

C. Self-efficacy, locus of control, norms

D. Attitudes toward the behavior, subjective norms, perceived behavioral control; intention mediates between them and behavior

In the Theory of Planned Behavior, the likelihood of performing a behavior is shaped first by intention, which is influenced by three beliefs about the behavior: attitudes toward the behavior (how favorable or unfavorable you feel about doing it), subjective norms (perceived social pressure to perform or not perform it), and perceived behavioral control (your sense of how easy or difficult it would be to do). These three factors predict intention, and intention then predicts behavior. The option that lists attitudes, subjective norms, and perceived behavioral control as predictors of intention and states that intention mediates between them and behavior best reflects this pathway. It's also useful to remember that perceived behavioral control can have a direct effect on behavior when control is not complete, but the central idea is that intention sits between these predictors and eventual action.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://communityhealth2.examzify.com

We wish you the very best on your exam journey. You've got this!

SAMPLE