ELSEVIER COMMUNITY HEALTH I & II PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. **Which department oversees the following programs: Women, Infants, and Children; school breakfast and lunch programs; grants to states for nutrition education and training; and food stamps (SNAP)?**

   A. Department of Agriculture

   B. Department of Education

   C. Department of Health and Human Services

   D. Department of the Interior

2. **Which agency's mandate includes preventing terrorist attacks and protecting the nation against threats?**

   A. US Department of Homeland Security

   B. National Security Agency

   C. Federal Bureau of Investigation

   D. Department of State

3. **Which of the following is an example of a population-wide intervention to reduce substance use that involves policy measures?**

   A. SBIRT in healthcare

   B. Individual counseling

   C. Community-based prevention programs

   D. Taxation and restricting advertising

4. **Which is an example of tertiary prevention?**

   A. Rehabilitation after stroke

   B. Vaccination

   C. Health education

   D. Mammography

5. **Which sequence correctly lists the four phases of disaster management?**

   A. Preparedness, Mitigation, Recovery, Response

   B. Recovery, Mitigation, Preparedness, Response

   C. Mitigation, Preparedness, Recovery, Response

   D. Mitigation, Preparedness, Response, Recovery

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6. What data types are typically used in a needs assessment in community health planning?

A. Quantitative and qualitative

B. Only qualitative

C. Only quantitative

D. Anecdotal stories only

7. In a community health program, which criterion typically triggers referral to specialty care after a screening test?

A. Positive or ambiguous result

B. Negative result only

C. Random selection

D. No follow-up

8. Which disaster management phase focuses on strengthening infrastructure and policies to reduce risk?

A. Preparedness

B. Mitigation

C. Recovery

D. Response

9. To detect psychosocial concerns in school-aged children, which risk factors should be included in risk factor assessment?

A. Poverty, Substance Abuse and Racial or Ethnic Disparities

B. Neighborhood Walkability

C. Access to Clean Water

D. Hair Color

10. Which statement correctly describes the use of age-adjusted rates in epidemiology?

A. They adjust data to remove age effects completely.

B. They allow comparison across populations by ignoring age structure.

C. They are computed by weighting age-specific rates to a standard population to enable fair comparisons.

D. They are used only for calculating birth rates.

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Answers

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

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Explanations

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1. Which department oversees the following programs: Women, Infants, and Children; school breakfast and lunch programs; grants to states for nutrition education and training; and food stamps (SNAP)?

A. Department of Agriculture

B. Department of Education

C. Department of Health and Human Services

D. Department of the Interior

The main idea is to know which department administers major nutrition assistance programs. These programs—WIC (Women, Infants, and Children), the school breakfast and lunch programs, SNAP (food stamps), and the nutrition education and training grants to states—are all run by the Department of Agriculture through the Food and Nutrition Service. That agency is specifically tasked with nutrition assistance and ensuring access to nutritious foods, including programs that support mothers, children, schools, and low-income individuals. The Department of Education focuses on education policy and programs, not SNAP or WIC. The Department of Health and Human Services handles health services and some welfare programs, but the nutrition assistance programs listed are under USDA. The Department of the Interior is not involved in these nutrition programs.

2. Which agency's mandate includes preventing terrorist attacks and protecting the nation against threats?

A. US Department of Homeland Security

B. National Security Agency

C. Federal Bureau of Investigation

D. Department of State

Preventing terrorist attacks and protecting the nation against threats is the central mission of the Department of Homeland Security. Created after 9/11, DHS brings together many security and emergency-management functions to coordinate prevention, protection of infrastructure, border security, immigration enforcement, and disaster response. This unified mandate makes DHS the federal agency most directly responsible for safeguarding the homeland from a wide range of threats. The other agencies operate in related areas but with different primary focuses. The National Security Agency concentrates on signals intelligence and cybersecurity rather than broad homeland protection. The Federal Bureau of Investigation focuses on investigative and enforcement duties, including counterterrorism, but its primary role is law enforcement rather than the comprehensive national-homeland-security mandate. The Department of State handles international diplomacy and policy, not domestic homeland protection.

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3. Which of the following is an example of a population-wide intervention to reduce substance use that involves policy measures?

A. SBIRT in healthcare

B. Individual counseling

C. Community-based prevention programs

D. Taxation and restricting advertising

Population-wide interventions aim to shape the environment and social norms that influence substance use through policies that affect everyone, not just individuals. Taxation and restricting advertising are classic policy measures because they are enacted by government and apply broadly. Increasing the cost of substances through taxes and limiting exposure to marketing change the incentives and cues that drive use, reducing consumption across the population. Other options operate at the individual or program level rather than as broad policy changes. Screening, brief intervention, and referral to treatment is a clinical process focused on people who are identified in healthcare settings. Individual counseling targets personal behavior, not the wider population. Community-based prevention programs work at the community level and may alter norms or services, but they are not inherently policy levers unless they're implemented as formal policies.

4. Which is an example of tertiary prevention?

A. Rehabilitation after stroke

B. Vaccination

C. Health education

D. Mammography

Tertiary prevention focuses on reducing disability and complications once a disease has already occurred, with the goal of maximizing function and quality of life. Rehabilitation after stroke fits this because it aims to restore movement, speech, and independence while preventing secondary problems like contractures or pressure ulcers. It doesn't prevent the stroke from happening (primary prevention), isn't about screening for a disease in its early, asymptomatic stage (secondary prevention), and isn't primarily about preventing disease through vaccination or education.

5. Which sequence correctly lists the four phases of disaster management?

A. Preparedness, Mitigation, Recovery, Response

B. Recovery, Mitigation, Preparedness, Response

C. Mitigation, Preparedness, Recovery, Response

D. Mitigation, Preparedness, Response, Recovery

Disaster management unfolds in a flow from reducing risk to rebuilding, with actions arranged around when they're needed. Start with mitigation—the steps to lessen potential damage from future events, like enforcing building codes, land-use planning, and hazard assessments. Then move to preparedness, which is the planning and training that make an effective response possible: drills, stockpiling supplies, establishing communication and incident command systems. When a disaster strikes, the focus shifts to response—the immediate actions to protect lives, provide emergency care, and stabilize the situation. After the immediate danger passes, recovery begins, aiming to restore infrastructure, services, and livelihoods over time. This sequence—mitigation, preparedness, response, recovery—best reflects the logical progression of actions before, during, and after a disaster. Sequences that place recovery before response or skip ahead to recovery without proper preparedness and response don't align with how disaster management is actually carried out.

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6. What data types are typically used in a needs assessment in community health planning?

A. Quantitative and qualitative

B. Only qualitative

C. Only quantitative

D. Anecdotal stories only

Needs assessments in community health planning rely on both numbers and stories. Quantitative data give the magnitude and distribution of health problems—surveys, census figures, disease rates, risk-factor prevalence, service use, and geographic patterns. Qualitative data capture people's experiences, perceptions, barriers, facilitators, and the deeper reasons behind observed patterns—collected through interviews, focus groups, and community input. Using both allows triangulation: you can quantify how big an issue is and also understand why it exists and how best to address it. This combined approach helps ensure the plan reflects reality, guides effective resource allocation, and is more likely to be acceptable to the community. Relying on only qualitative data would leave the scope and prevalence unclear, while relying only on quantitative data would miss context and root causes; anecdotal stories alone aren't systematic enough to generalize or inform planning.

7. In a community health program, which criterion typically triggers referral to specialty care after a screening test?

A. Positive or ambiguous result

B. Negative result only

C. Random selection

D. No follow-up

In community health screenings, the goal is to flag people who may have a condition so they can get a more thorough evaluation. A referral to specialty care is typically triggered when the screening result is positive or ambiguous, because that increases the likelihood of disease enough to justify further, definitive assessment by a clinician with specialized tests. If the result is negative, the chance of disease at that moment is low, so routine follow-up is usually appropriate unless there are ongoing symptoms or risk factors. Referral based on random selection or no follow-up doesn't align with how screening aims to guide timely, appropriate care.

8. Which disaster management phase focuses on strengthening infrastructure and policies to reduce risk?

A. Preparedness

B. Mitigation

C. Recovery

D. Response

Mitigation is the phase focused on reducing risk before a disaster occurs by strengthening infrastructure and the policies that govern it to lower vulnerability to hazards. This includes enforcing robust building codes, retrofitting vulnerable structures, guiding land-use planning away from high-risk areas, improving flood defenses, and updating regulations to reflect known risks. By addressing hazards at their source and improving systems now, communities decrease potential damage and losses over the long term. Preparedness is about planning and training to act effectively when a disaster hits; response covers the immediate actions during the event; recovery involves rebuilding and returning to normal, often with improvements. So focusing on pre-event risk reduction through infrastructure and policy changes best captures the goal of mitigating disasters.

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9. To detect psychosocial concerns in school-aged children, which risk factors should be included in risk factor assessment?

A. Poverty, Substance Abuse and Racial or Ethnic Disparities

B. Neighborhood Walkability

C. Access to Clean Water

D. Hair Color

Understanding psychosocial risk in school-aged children means looking at the social and family factors that shape a child's mental health and behavior. Poverty exposes families to ongoing stress, housing and food insecurity, and limited access to supportive resources, all of which can contribute to anxiety, depression, behavioral problems, and school difficulties. When caregivers have substance use problems, routines can become unstable, caregiving can become inconsistent, and the child may face neglect or exposure to unsafe environments, all increasing psychosocial risk. Racial or ethnic disparities reflect experiences of discrimination, stigma, and unequal access to services, which add chronic stress and can affect a child's emotional well-being and opportunities for support. The other options don't capture these essential social and familial drivers of psychosocial risk. Neighborhood walkability relates more to physical activity and safety rather than direct psychosocial risk. Access to clean water is a public health need, not a specific psychosocial risk factor for a child's mental health in this context. Hair color has no relevance to psychosocial risk. So, including poverty, caregiver substance use, and experiences of racial or ethnic disparities provides the most relevant risk factors to assess for psychosocial concerns in school-aged children.

10. Which statement correctly describes the use of age-adjusted rates in epidemiology?

A. They adjust data to remove age effects completely.

B. They allow comparison across populations by ignoring age structure.

C. They are computed by weighting age-specific rates to a standard population to enable fair comparisons.

D. They are used only for calculating birth rates.

Age-adjusted rates come from standardization to allow fair comparisons when populations have different age structures. In direct standardization, you take the age-specific rate for each age group and weight it by the proportion (or number) of people in that age group in a fixed standard population, then sum across all age groups. The result is a single rate that would occur if the compared populations shared the same age distribution, so differences reflect other factors rather than just age structure. This approach doesn't completely remove age effects or ignore age structure; it controls for them to enable meaningful comparisons. These rates are used for many conditions, not just birth rates.

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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://elseviercommhealth1and2.examzify.com

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

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