

# HEALTH PROMOTION AND PREVENTIVE MEDICINE (HPPM) EXAM 1 PRACTICE (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.

# 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!

## Questions

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- 1. What rank did the World Health Organization assign the United States for level of health?**
  - A. 50th out of 191 countries
  - B. 72nd out of 191 countries
  - C. 90th out of 191 countries
  - D. 110th out of 191 countries
- 2. Which test is most commonly performed for tuberculin skin testing?**
  - A. Mantoux test
  - B. QuantiFERON-TB Gold
  - C. Chest X-ray
  - D. Sputum smear
- 3. Which population is identified as at increased risk for syphilis infection?**
  - A. Men who have sex with men (MSM) engaging in high-risk sexual behavior
  - B. Adults in monogamous relationships
  - C. Children under 12
  - D. Healthcare workers
- 4. Which statement about routine oral cancer screening guidelines is true?**
  - A. There is sufficient evidence to recommend routine screening
  - B. There is insufficient evidence to recommend for or against routine screening
  - C. Routine screening is recommended for high-risk groups only
  - D. There is conclusive evidence that screening prevents death
- 5. What is a community-acquired infection?**
  - A. Infection acquired inside a hospital or diagnosed after 72 hours of admission
  - B. Infection acquired outside a hospital or diagnosed within 48 hours of admission without any previous healthcare encounters
  - C. Infection transmitted by vectors
  - D. Infection that is not treatable

- 6. In a fasting lipid panel, which lipoprotein is referred to as the 'bad' cholesterol?**
- A. LDL-C
  - B. HDL-C
  - C. Total cholesterol
  - D. Triglycerides
- 7. Which population should obtain a total cholesterol and lipid profile?**
- A. All adults aged 20 years and older
  - B. Only those with high risk factors
  - C. Only children
  - D. Only people with cardiovascular disease
- 8. Severity is measured by which outcomes?**
- A. Measured by hospital readmission rates
  - B. Measured by cost of care
  - C. Measured by morbidity, mortality, survival rates, quality of life, functional status, and overall well-being
  - D. Measured by incidence
- 9. A fasting lipid profile includes which components?**
- A. Total cholesterol, LDL-C, HDL-C, and triglycerides
  - B. Total cholesterol only
  - C. LDL-C and HDL-C only
  - D. Triglycerides only
- 10. How often should serum lipid levels be rechecked for patients attempting lifestyle modification for hyperlipidemia?**
- A. every month
  - B. every 6 months
  - C. every 12 months
  - D. every 3-6 months

## **Answers**

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

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## **Explanations**

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**1. What rank did the World Health Organization assign the United States for level of health?**

- A. 50th out of 191 countries
- B. 72nd out of 191 countries**
- C. 90th out of 191 countries
- D. 110th out of 191 countries

*Understanding how the WHO ranks level of health means looking at overall population health outcomes across countries, using measures like life expectancy, infant mortality, and disease burden to create a composite picture of how healthy people are. In the World Health Report 2000, the United States was placed 72nd out of 191 countries for level of health. This ranking reflects that, despite very high health care spending, overall health outcomes in the U.S. were not as strong as in many other nations, due to factors like lower life expectancy and higher burden from certain conditions compared with other developed countries. The other options would imply notably different standings, but the WHO report assigns the United States a 72nd position.*

**2. Which test is most commonly performed for tuberculin skin testing?**

- A. Mantoux test**
- B. QuantiFERON-TB Gold
- C. Chest X-ray
- D. Sputum smear

*Tuberculin skin testing relies on the Mantoux method, where a small amount of purified protein derivative (PPD) is injected intradermally into the forearm and the reaction is read after 48–72 hours. This classic technique is the most common way to detect latent TB infection by assessing a delayed-type hypersensitivity to TB antigens, with the size of induration guiding interpretation. The other options are not skin tests: QuantiFERON-TB Gold is an interferon-gamma release assay performed on blood; chest X-ray looks for active lung involvement and other disease manifestations; sputum smear detects bacteria in the lungs of active TB cases. Therefore, the Mantoux test is the standard tuberculin skin test.*

**3. Which population is identified as at increased risk for syphilis infection?**

- A. Men who have sex with men (MSM) engaging in high-risk sexual behavior**
- B. Adults in monogamous relationships
- C. Children under 12
- D. Healthcare workers

*Syphilis is transmitted mainly through sexual contact, so the groups with higher-risk sexual behavior and greater exposure within sexual networks have the highest risk of infection. The population described as at increased risk here is men who have sex with men who engage in high-risk sexual behavior, because this group tends to have higher prevalence in many settings and more opportunities for unprotected sex or sexual acts that facilitate transmission, making them more susceptible. In contrast, adults in monogamous relationships generally have lower risk, assuming fidelity and no new exposures. Children under 12 are not typically considered at increased risk in the general population, except in the unlikely contexts of congenital infection or abuse. Healthcare workers face some occupational exposure, but the overall population-level risk is not higher than that found in high risk sexual networks, and it is mitigated by standard precautions and regular screening where appropriate.*

#### 4. Which statement about routine oral cancer screening guidelines is true?

- A. There is sufficient evidence to recommend routine screening
- B. There is insufficient evidence to recommend for or against routine screening**
- C. Routine screening is recommended for high-risk groups only
- D. There is conclusive evidence that screening prevents death

*The main idea here is that deciding on routine screening depends on solid evidence that it actually saves lives and that the benefits outweigh the harms. For oral cancer, the evidence isn't strong enough to say that screening all asymptomatic people should be routine. Trials and studies have shown mixed results and haven't demonstrated a clear reduction in mortality from screening in the general population. Because screening can lead to false positives, unnecessary biopsies, anxiety, and overtreatment, the net benefit remains uncertain. That's why guidelines don't endorse universal routine screening, and the most accurate stance is that there is insufficient evidence to recommend for or against routine screening. In practice, clinicians may focus on thorough oral exams during regular care and consider risk factors (like tobacco or heavy alcohol use) when deciding how to approach individual patients, rather than applying a universal routine screening program.*

#### 5. What is a community-acquired infection?

- A. Infection acquired inside a hospital or diagnosed after 72 hours of admission
- B. Infection acquired outside a hospital or diagnosed within 48 hours of admission without any previous healthcare encounters**
- C. Infection transmitted by vectors
- D. Infection that is not treatable

*Community-acquired infections come from outside the hospital or are diagnosed within 48 hours of admission without recent healthcare exposure. This timing and absence of prior contact with the health care system point to an infection that developed in the community rather than in a facility. It matters because the usual pathogens and initial treatments differ from those seen in hospital-acquired infections, which are more often caused by resistant organisms and diagnosed after longer hospital exposure. The other statements describe infections acquired in a hospital, infections transmitted by vectors, or infections unrelated to how they were acquired, so they don't fit the concept of community acquisition.*

#### 6. In a fasting lipid panel, which lipoprotein is referred to as the 'bad' cholesterol?

- A. LDL-C**
- B. HDL-C
- C. Total cholesterol
- D. Triglycerides

*LDL-C is the lipoprotein most associated with atherosclerosis because it delivers cholesterol to the arterial walls. When LDL particles accumulate in the artery intima and become oxidized, they trigger inflammation and plaque formation, narrowing the vessels and increasing the risk of heart attack and stroke. This is why it's labeled the "bad" cholesterol. HDL-C, in contrast, helps remove cholesterol from arteries by transporting it back to the liver, which is protective. Total cholesterol is a sum of several lipoproteins and doesn't indicate which one is driving risk, and triglycerides reflect another lipid carrier that can be elevated in different conditions but isn't the primary "bad" cholesterol. Therefore, the lipoprotein most linked to adverse cardiovascular outcomes and targeted for reduction is LDL-C.*

## 7. Which population should obtain a total cholesterol and lipid profile?

- A. All adults aged 20 years and older**
- B. Only those with high risk factors
- C. Only children
- D. Only people with cardiovascular disease

Screening for lipid disorders in adults is about finding hyperlipidemia early so ASCVD risk can be lowered before symptoms appear. Testing all adults starting at age 20 creates a baseline and helps detect conditions like familial hypercholesterolemia that might not be evident from risk factors alone. This universal approach enables timely lifestyle advice and, if needed, lipid-lowering therapy, reducing future cardiovascular events. Limiting screening to only those with risk factors, to children, or only to people with cardiovascular disease misses asymptomatic cases and isn't focused on prevention in the general adult population.

## 8. Severity is measured by which outcomes?

- A. Measured by hospital readmission rates
- B. Measured by cost of care
- C. Measured by morbidity, mortality, survival rates, quality of life, functional status, and overall well-being**
- D. Measured by incidence

Severity of a condition is about how much health harm it causes to a person. The best measure combines outcomes that reflect the true impact on health, including morbidity and mortality, survival rates, quality of life, functional status, and overall well-being. These elements show how seriously the disease affects life expectancy and daily functioning, not just how often it occurs or how much care costs. The other options focus on different things—readmission rates relate to healthcare processes, cost of care is economic burden, and incidence is about new cases—which don't directly capture how severe the condition is for an individual. So, the broad set of health outcomes describing harm and quality of life best represents severity.

## 9. A fasting lipid profile includes which components?

- A. Total cholesterol, LDL-C, HDL-C, and triglycerides**
- B. Total cholesterol only
- C. LDL-C and HDL-C only
- D. Triglycerides only

A fasting lipid profile measures four lipid-related values that together assess cardiovascular risk and guide management. Total cholesterol reflects overall cholesterol content in the blood. LDL-C is the main atherogenic cholesterol, the target of many therapies. HDL-C is protective, helping remove cholesterol from the bloodstream. Triglycerides indicate circulating triglyceride-rich lipoproteins and long-term metabolic health; fasting is used to reduce postprandial variation that can elevate triglycerides after meals. Because each component provides unique information, the complete panel includes all four. Other options omit one or more essential pieces, so they don't give the full cardiovascular risk picture.

**10. How often should serum lipid levels be rechecked for patients attempting lifestyle modification for hyperlipidemia?**

- A. every month
- B. every 6 months
- C. every 12 months
- D. every 3-6 months**

*Regular monitoring of serum lipids is essential to see how well lifestyle changes are working and to keep patients on track with adherence. Lipid levels respond to diet, exercise, and weight loss over weeks to a few months, so checking too soon isn't informative and checking too late delays needed adjustments. Rechecking every three to six months balances capturing early nonresponse or plateaus with avoiding unnecessary testing. Monthly testing is excessive and annual testing may miss important changes, especially soon after starting lifestyle changes.*

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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](mailto:hello@examzify.com).

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

<https://hppm1.examzify.com>

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

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