PHRD554 PUBLIC HEALTH 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. Bias is best defined as:

A. Random sampling error

B. Systematic deviation from truth due to errors in design, conduct, or analysis

C. Natural variation in data

D. Randomization bias only in trials

2. Bioethics in public health emphasizes which core principle?

A. Balancing individual rights with population health, ensuring fairness, transparency, and community involvement.

B. Maximizing economic efficiency.

C. Limiting community input.

D. Accelerating interventions without consent.

3. What is stratified sampling?

A. Dividing the population into homogeneous strata and sampling within each to improve precision.

B. Sampling only from one subgroup to save costs.

C. Non-probability sampling of convenience.

D. Dividing the population into heterogeneous groups and sampling within each.

4. In what scenario is the odds ratio a good approximation of relative risk?

A. When the disease is common.

B. When the sample size is large.

C. When the disease is rare.

D. When the exposure is rare.

5. Which option describes a case-control study?

A. Obtaining histories and other information from a group of known cases and from a comparison group to determine the relative frequency of a characteristic or exposure under study

B. Study of past mortality or morbidity trends to permit estimates of future disease occurrence

C. Study of the incidence of cancer in men who have quit smoking

D. Analysis of previous research in different places and under different circumstances to permit the establishment of hypotheses based on cumulative knowledge

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6. Prevalence is defined as the number of what, per population, at a given time?

A. The number of existing cases at a given time per population

B. The number of new cases during a defined period

C. The total number of cases at a point in time

D. The ratio of diseased to non-diseased individuals

7. What is a stakeholder analysis used for in program planning?

A. Identifies individuals or groups affected, assesses their interest and influence, and informs engagement and communication strategies.

B. Determines the clinical endpoints for a trial.

C. Calculates the budget and resource allocation.

D. Measures the statistical significance of outcomes.

8. Which Ten Essential Public Health Service involves mobilizing partnerships and communities to solve public health problems?

A. Monitor health status.

B. Develop policies.

C. Mobilize partnerships.

D. Enforce laws.

9. What is the Plan-Do-Study-Act cycle used for?

A. Plan-Do-Study-Act is a cycle used to redesign programs after completion.

B. Plan-Do-Study-Act is an iterative cycle to test changes: plan a small test, implement, study results, act on findings, and refine or scale up.

C. PDSA stands for Process-Deployment-Something; not correct.

D. PDSA is used only in manufacturing.

10. Describe the role of GIS in public health surveillance.

A. Data storage only.

B. Spatial analysis to identify disease clusters, risk factors by geography, and to plan targeted interventions and resource allocation.

C. Replacing field surveys with maps.

D. Only mapping weather data.

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Answers

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

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Explanations

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1. Bias is best defined as:

A. Random sampling error

B. Systematic deviation from truth due to errors in design, conduct, or analysis

C. Natural variation in data

D. Randomization bias only in trials

Bias is a systematic deviation from the truth in study results caused by flaws in how the study is designed, conducted, or analyzed. It means the findings are consistently distorted in a particular direction, not just spread around by chance. This is different from random sampling error, which affects precision and arises from the inherent variability of taking a sample rather than from a flaw that pushes results in one direction. It's also different from natural variation in data, which is random and expected. Bias can come from various sources, such as who is selected for the study (selection bias), how information or outcomes are measured (information or measurement bias), or how data are collected and analyzed. While randomization in trials helps reduce bias, bias can still occur through other aspects like design choices or analytical methods. Recognizing bias helps explain why a study's results might systematically overestimate or underestimate true effects.

2. Bioethics in public health emphasizes which core principle?

A. Balancing individual rights with population health, ensuring fairness, transparency, and community involvement.

B. Maximizing economic efficiency.

C. Limiting community input.

D. Accelerating interventions without consent.

Public health bioethics centers on balancing respect for individuals with the health of the population, and on ensuring fairness, transparency, and meaningful community involvement in decisions that affect people's lives. This is why the option describing harmony between protecting individual rights and promoting population health, with fair processes and community engagement, is the best fit. It captures the core ethical commitments: autonomy, justice, and the legitimacy that comes from transparent, participatory decision-making. Economic efficiency and speed without consent are not ethically sufficient on their own: prioritizing cost or rushing actions without honoring people's rights undermines fairness and trust. Limiting community input similarly erodes legitimacy and equity.

3. What is stratified sampling?

A. Dividing the population into homogeneous strata and sampling within each to improve precision.

B. Sampling only from one subgroup to save costs.

C. Non-probability sampling of convenience.

D. Dividing the population into heterogeneous groups and sampling within each.

Stratified sampling groups the population into homogeneous subgroups, or strata, based on characteristics related to the study, and then samples from each stratum. By making members within a stratum similar to each other, the variation inside each group is smaller, which reduces the overall sampling error. After collecting samples from all strata, the data are combined to produce an overall estimate that better represents the whole population. This method also helps ensure that important subgroups are represented in the sample, which is especially helpful if the aspect being studied varies across groups. You can sample proportionally to each stratum's size or allocate samples differently depending on the study goals. Choosing only one subgroup would bias results and miss variation across the population. Non-probability, convenience sampling does not guarantee representativeness. Dividing into heterogeneous groups and sampling within each would not exploit the precision benefits of stratification and would fail to reduce variance as effectively.

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4. In what scenario is the odds ratio a good approximation of relative risk?

A. When the disease is common.

B. When the sample size is large.

C. When the disease is rare.

D. When the exposure is rare.

When the disease is rare, the odds ratio closely estimates the relative risk. This works because odds are defined as p/(1−p) and relative risk is the probability p. If p is small, (1−p) is near 1, so odds ≈ probability. Consequently, the ratio of odds between exposed and unexposed (the OR) approximates the ratio of probabilities (the RR). For example, with 1% disease in the unexposed and 2% in the exposed, RR is about 2.0 and OR is about 2.02—nearly the same. If the disease is common, say 20% vs 40%, RR is 2.0 but OR becomes about 2.67, overestimating the association. So the best scenario for using OR as a close stand-in for RR is when the disease is rare.

5. Which option describes a case-control study?

A. Obtaining histories and other information from a group of known cases and from a comparison group to determine the relative frequency of a characteristic or exposure under study

B. Study of past mortality or morbidity trends to permit estimates of future disease occurrence

C. Study of the incidence of cancer in men who have quit smoking

D. Analysis of previous research in different places and under different circumstances to permit the establishment of hypotheses based on cumulative knowledge

Case-control studies start with two groups based on outcome: people who already have the disease and a group without the disease. Then researchers look back in time to determine how many in each group were exposed to a suspected risk factor. By comparing exposure frequencies between cases and controls, you can estimate the strength of the association between the exposure and the disease, usually expressed as an odds ratio. This design is especially efficient for studying rare diseases and can examine multiple exposures after the outcome is known. Other descriptions fit different designs: projecting future disease from past mortality or morbidity trends is a time-series/projection approach; studying the incidence of cancer in men who quit smoking describes following groups over time to see new cases, which is a cohort study; and analyzing previous research to form hypotheses is a literature review.

6. Prevalence is defined as the number of what, per population, at a given time?

A. The number of existing cases at a given time per population

B. The number of new cases during a defined period

C. The total number of cases at a point in time

D. The ratio of diseased to non-diseased individuals

Prevalence measures how much disease burden exists in a population at a specific moment by counting how many people have the condition and expressing that as a share of the population. In other words, it's the number of existing cases per population at that time, typically shown as a percentage or per 1,000 people. This distinguishes it from incidence, which counts new cases over a defined period. If you only use the total number of cases without relating it to how many people are in the population, you don't get a true prevalence measure. For example, in a city of 20,000, if 150 people have the disease on a given day, the point prevalence is 150/20,000 = 0.75%.

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7. What is a stakeholder analysis used for in program planning?

A. Identifies individuals or groups affected, assesses their interest and influence, and informs engagement and communication strategies.

B. Determines the clinical endpoints for a trial.

C. Calculates the budget and resource allocation.

D. Measures the statistical significance of outcomes.

Stakeholder analysis in program planning focuses on who is affected by the program and who can influence its success. By identifying individuals, groups, and organizations with an interest, and by assessing their level of interest and their influence, you can anticipate concerns, priorities, and potential support or resistance. This information helps you decide who to engage, when to involve them, and what messages or channels to use, so engagement and communication are targeted and effective. The other activities—deciding clinical endpoints, budgeting resources, and testing statistical significance—belong to trial design, financial planning, and data analysis, not to stakeholder engagement.

8. Which Ten Essential Public Health Service involves mobilizing partnerships and communities to solve public health problems?

A. Monitor health status.

B. Develop policies.

C. Mobilize partnerships.

D. Enforce laws.

The main idea here is building and working with communities and partners to tackle health problems. Mobilizing partnerships means bringing together hospitals, clinics, schools, local businesses, faith groups, community organizations, and residents to share power, resources, and expertise. When diverse stakeholders collaborate, they can identify priority issues, design culturally appropriate solutions, and mobilize the necessary resources to implement and sustain them. This approach recognizes that many public health challenges cross sectors and require coordinated action beyond what any single agency can do, making community engagement and coalition-building essential for real, lasting impact. Other activities center on collecting data, creating rules, or enforcing those rules, which are important but don't inherently embody the collaborative, community-driven effort to unite different groups toward a common public health goal.

9. What is the Plan-Do-Study-Act cycle used for?

A. Plan-Do-Study-Act is a cycle used to redesign programs after completion.

B. Plan-Do-Study-Act is an iterative cycle to test changes: plan a small test, implement, study results, act on findings, and refine or scale up.

C. PDSA stands for Process-Deployment-Something; not correct.

D. PDSA is used only in manufacturing.

The cycle is a way to test changes in small, rapid steps so you can learn what actually works before wrapping costs and effort into a full rollout. It starts by planning a small change and predicting what will happen, then doing that small test, studying the results carefully, and acting on what you learned—refining the change or deciding to scale it up. This iterative process lets teams experiment, compare outcomes with expectations, and adjust based on real data, reducing risk and speeding up improvement. It's not about redesigning programs after they're finished, and it isn't limited to manufacturing; it's a versatile method used in public health to probe new ideas and continually enhance programs and services.

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10. Describe the role of GIS in public health surveillance.

A. Data storage only.

B. Spatial analysis to identify disease clusters, risk factors by geography, and to plan targeted interventions and resource allocation.

C. Replacing field surveys with maps.

D. Only mapping weather data.

The essential idea is using geographic information to analyze health data in space. GIS in public health surveillance enables spatial analysis to identify where disease clusters occur, how risk factors vary by geography, and how to plan targeted interventions and allocate resources accordingly. By layering different data—case counts, population, environmental exposures, infrastructure, and socio-economic factors—GIS reveals patterns that aren't obvious in a spreadsheet alone, such as neighborhoods with higher incidence, access-to-care barriers, or environmental links to illness. This supports outbreak detection, prioritizing screening and vaccination efforts, and guiding where to deploy personnel and supplies for the greatest impact. Data collection and quality remain crucial; GIS adds value by making those data spatially explicit and easier to act on, rather than replacing field surveys. It also goes beyond weather data to integrate diverse health-related information for a fuller surveillance picture.

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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:

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

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