RASMUSSEN COMMUNITY 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. A logic model typically includes which component as the final impact?

A. Inputs

B. Outputs

C. Activities

D. Impact

2. Infant mortality among migrant workers is higher by what percentage?

A. 5% higher

B. 0% difference

C. 10% lower

D. 25-30% higher

3. Which activity exemplifies the affective domain in diabetes education?

A. Demonstrating injection technique

B. Measuring blood sugar

C. Talking about fears and feelings and self-injection

D. Naming foods to avoid

4. Which nursing action best demonstrates the psychomotor learning domain when teaching a diabetic about insulin?

A. Read a policy manual

B. Return demonstration of injecting insulin

C. Discuss fears about diabetes

D. Understand foods to avoid

5. Which statement about vaccines is true?

A. Vaccines are not cost-effective

B. Vaccines are one of the most cost-effective public health interventions and are often donated by pharmacological companies

C. Vaccines are not part of public health

D. Vaccines are primarily used in high-income countries

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6. Which statement correctly differentiates primary prevention from secondary and tertiary prevention?

A. Primary prevents disease (vaccination); secondary detects early (screening); tertiary reduces complications (rehab)

B. Secondary detects early (screening); primary prevents disease; tertiary reduces complications (rehab)

C. Tertiary reduces complications (rehab); primary prevents disease (vaccination); secondary detects early (screening)

D. Primary reduces symptoms; secondary cures disease; tertiary eliminates infection

7. Heightened risk among vulnerable populations implies what regarding health outcomes?

A. It means these groups are more likely to experience adverse health outcomes

B. It means they always have poor health

C. It means risk is not associated with vulnerability

D. It means vulnerability is unrelated to health

8. What is a community health improvement plan (CHIP) and its purpose?

A. A structured, collaborative plan to improve population health in a community, often from assessments.

B. A regulatory protocol for hospital accreditation.

C. A personal health record for individuals.

D. A quick survey used for weather data.

9. How is a population health goal different from an individual patient goal?

A. Population goals aim to improve health outcomes for a group and reduce disparities, not just one patient

B. Individual goals address system-wide efficiency

C. Population goals focus on personal finances

D. Individual goals do not consider health outcomes

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10. What best describes a community-based participatory research approach?

A. Researchers work independently with no community input

B. Collaborative research with community members as equal partners throughout the process

C. Researchers decide priorities without community input

D. Data collected without sharing results with community

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Answers

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

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Explanations

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1. A logic model typically includes which component as the final impact?

A. Inputs

B. Outputs

C. Activities

D. Impact

In a logic model, the final impact is the long-term, ultimate change in health or well-being that results from the program and sustains over time in the community. It represents the lasting effects you aim to achieve, going beyond the resources invested (inputs), the actions taken (activities), and the direct products created (outputs). While inputs, activities, and outputs describe what you put in and what you produce along the way, the impact captures the broad, lasting improvements in health status, quality of life, or social conditions that come from those efforts. That lasting change is precisely why it's the best choice for the final component.

2. Infant mortality among migrant workers is higher by what percentage?

A. 5% higher

B. 0% difference

C. 10% lower

D. 25-30% higher

The key idea is how social determinants and access to care shape infant outcomes. Migrant workers often face barriers to prenatal and postnatal care, unstable housing, low income, crowded living conditions, language barriers, fear of accessing services, and longer, irregular work hours. These factors contribute to higher rates of complications like low birth weight and preterm birth, which are major drivers of infant mortality. Because these risks accumulate, the difference is substantial, typically around 25-30% higher than among non-migrant populations. So, the best answer reflects a notable disparity rather than a small difference or no difference, and it aligns with the understanding that migrant workers experience greater vulnerabilities that increase infant mortality.

3. Which activity exemplifies the affective domain in diabetes education?

A. Demonstrating injection technique

B. Measuring blood sugar

C. Talking about fears and feelings and self-injection

D. Naming foods to avoid

Inpatient/outpatient diabetes education, the affective domain focuses on emotions, attitudes, and motivation to engage in care. Talking about fears and feelings and self-injection directly targets how a person feels about the treatment, addresses concerns, and helps shape the readiness to perform self-care. This emotional and attitudinal work is what the affective domain is all about, going beyond just knowing how to inject or perform steps. Demonstrating injection technique is about the skill itself, measuring blood sugar is about knowing how to perform a test, and naming foods to avoid is about recalling information; none of those tap into the patient's feelings or willingness the way discussing fears and feelings does.

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4. Which nursing action best demonstrates the psychomotor learning domain when teaching a diabetic about insulin?

A. Read a policy manual

B. Return demonstration of injecting insulin

C. Discuss fears about diabetes

D. Understand foods to avoid

The psychomotor learning domain is about acquiring and demonstrating physical skills and procedures. Teaching someone to inject insulin is a hands-on skill that requires sequencing steps, precise technique, and coordination. A return demonstration lets the learner perform the injection, allows for observation of technique, and provides immediate feedback to correct any issues, which solidifies the motor skill. Reading a policy manual targets knowledge and recall (cognitive domain). Discussing fears about diabetes targets attitudes and feelings (affective domain). Understanding foods to avoid targets knowledge about diet (cognitive domain).

5. Which statement about vaccines is true?

A. Vaccines are not cost-effective

B. Vaccines are one of the most cost-effective public health interventions and are often donated by pharmacological companies

C. Vaccines are not part of public health

D. Vaccines are primarily used in high-income countries

Vaccination is one of the most cost-effective public health tools because it prevents disease before it happens, reducing healthcare costs, hospitalizations, and productivity losses. When a vaccine protects a large portion of the population, it also creates herd immunity, which lowers disease spread even for people who can't be vaccinated. This combination—strong health benefits at a relatively low deployment cost—drives its cost-effectiveness. In practice, many vaccine programs for low- and middle-income countries are supported by donations or significantly subsidized pricing from manufacturers, often coordinated through global health initiatives and alliances. This fundraising and donation model helps deliver vaccines widely and sustain immunization programs, reinforcing the idea that vaccines are a highly cost-effective intervention often supported by manufacturers and international partners. The other statements don't fit because vaccines are indeed cost-effective, they are a core part of public health, and they are used in countries around the world, not just high-income ones.

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6. Which statement correctly differentiates primary prevention from secondary and tertiary prevention?

A. Primary prevents disease (vaccination); secondary detects early (screening); tertiary reduces complications (rehab)

B. Secondary detects early (screening); primary prevents disease; tertiary reduces complications (rehab)

C. Tertiary reduces complications (rehab); primary prevents disease (vaccination); secondary detects early (screening)

D. Primary reduces symptoms; secondary cures disease; tertiary eliminates infection

The idea being tested is how prevention is categorized into three levels: primary, secondary, and tertiary. Primary prevention aims to stop a disease from occurring in the first place, secondary prevention focuses on catching disease early through screening so treatment can be more effective, and tertiary prevention works after disease has developed to reduce complications and help restore function, such as through rehabilitation. The best statement lines up each level with a representative action: vaccination to prevent disease (primary), screening to detect disease early (secondary), and rehabilitation to lessen complications after disease (tertiary). This clear mapping is how these levels are commonly described in public health and nursing practice, and it directly contrasts with misattributions like primary reducing symptoms, secondary curing disease, or tertiary eliminating infection, which are not the goals of those prevention levels.

7. Heightened risk among vulnerable populations implies what regarding health outcomes?

A. It means these groups are more likely to experience adverse health outcomes

B. It means they always have poor health

C. It means risk is not associated with vulnerability

D. It means vulnerability is unrelated to health

Heightened risk among vulnerable populations means being in a vulnerable group is linked to a higher probability of experiencing negative health outcomes compared with less vulnerable groups. This reflects how factors like income, education, housing, access to care, and discrimination shape health risks. The idea is about likelihood, not an absolute guarantee—so these groups are more likely, not certain, to face adverse health outcomes. That's why the statement that they are more likely to experience adverse health outcomes is the best interpretation. It's not saying they always have poor health, and it's not saying there's no link between vulnerability and health or that vulnerability is unrelated to health.

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8. What is a community health improvement plan (CHIP) and its purpose?

A. A structured, collaborative plan to improve population health in a community, often from assessments.

B. A regulatory protocol for hospital accreditation.

C. A personal health record for individuals.

D. A quick survey used for weather data.

A community health improvement plan is a structured, collaborative effort to improve the health of a defined population. It comes from a careful assessment of the community's health needs and brings together diverse partners—public health agencies, hospitals, clinics, schools, community organizations, and residents—to agree on priority health issues, set shared goals, and map out strategies, timelines, and measurable objectives. The purpose is to coordinate actions and resources across organizations, implement evidence-based or community-tailored interventions, and continuously monitor progress to improve overall population health and reduce health disparities over time. This is different from regulatory accreditation processes, individual personal health records, or unrelated weather surveys, which serve other purposes.

9. How is a population health goal different from an individual patient goal?

A. Population goals aim to improve health outcomes for a group and reduce disparities, not just one patient

B. Individual goals address system-wide efficiency

C. Population goals focus on personal finances

D. Individual goals do not consider health outcomes

Population health goals aim to improve health outcomes for a group and reduce disparities within that group, not just help one patient. They use data about a community or population, track overall measures like disease incidence or vaccination coverage, and rely on actions that affect many people at once—such as community programs, policies, or system changes that reach a broad audience. In contrast, an individual patient goal focuses on the health needs and outcomes of a single person and is pursued through a personalized care plan, medications, and lifestyle changes tailored to that patient. An example of a population goal would be reducing diabetes incidence across a city or increasing childhood vaccination rates in a county. An individual goal might be helping one patient bring their blood pressure to a target range or improve their specific health behaviors. The other options don't fit because population health is about group outcomes and equity, not system-wide efficiency, personal finances, or ignoring health outcomes in individuals.

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10. What best describes a community-based participatory research approach?

A. Researchers work independently with no community input

B. Collaborative research with community members as equal partners throughout the process

C. Researchers decide priorities without community input

D. Data collected without sharing results with community

Community-based participatory research centers on equal partnership between researchers and community members throughout the entire research process. In this approach, people from the community help define the problem, design the study, collect and interpret data, and decide how findings are shared and used. This shared decision-making and co-ownership helps ensure the work addresses real community needs and that results are actionable and sustainable, with benefits returned to those who contributed. Choices that describe researchers working independently with no community input, or setting priorities without community input, or collecting data without sharing results with the community reflect traditional, top-down research styles that CBPR aims to move beyond.

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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://rasmussencommunityhealth.examzify.com

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

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