

EDAPT GLOBAL POPULATION HEALTH PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://edaptglobalpopulationhealth.examzify.com>



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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. Are sensitivity and specificity affected by disease prevalence?**
 - A. Yes, both increase with higher prevalence.
 - B. No, both are properties of the test and are independent of prevalence.
 - C. Sensitivity depends on prevalence; specificity does not.
 - D. Specificity depends on prevalence; sensitivity does not.

- 2. What are the steps typically involved in conducting a systematic review and meta-analysis?**
 - A. Define question; develop protocol; search literature; select studies; extract data; assess bias; synthesize qualitatively; perform meta-analysis; assess heterogeneity and publication bias; report.
 - B. Develop protocol; search literature; report results.
 - C. Define question, develop protocol, search literature, select studies, extract data, assess bias, synthesize qualitatively, perform meta-analysis, assess heterogeneity and publication bias, report.
 - D. Rely on a single study and publish.

- 3. Which question may help clarify the presence of health issues?**
 - A. Are diarrhea and other gastrointestinal complaints common here?
 - B. Do you have fever today?
 - C. Do you exercise regularly?
 - D. Do you eat spicy foods?

- 4. Which phrase indicates a high risk for disease outbreaks in the village?**
 - A. Get water from a stream
 - B. Bath in the nearby stream
 - C. No clinic nearby
 - D. No bathrooms

- 5. Which statement correctly distinguishes incidence rate from cumulative incidence (incidence proportion)?**
 - A. Incidence rate uses person-time; cumulative incidence is risk over a specified period.
 - B. Incidence rate equals cumulative risk over the entire population lifetime.
 - C. Cumulative incidence uses person-time; incidence rate is risk over period.
 - D. Both are identical in meaning.

6. What is publication bias?

- A. Tendency to publish positive results more frequently than negative results
- B. Tendency to publish negative results more frequently than positive results
- C. Tendency to publish only observational studies
- D. Tendency to publish results with small sample sizes

7. In a population-based healthcare delivery model, the focus is on wellness and a holistic approach; clients typically access services through which setting?

- A. Hospitals
- B. Primary care offices
- C. Specialist clinics
- D. Urgent care centers

8. Which question would give you more information about the ethics of this organization?

- A. How do you ensure your uniforms are culturally appropriate for the country?
- B. What type of guidelines do you have regarding communicating the beliefs of the organization?
- C. I'm going to school to be a Registered Nurse. Can I practice my medication administration skills while I'm there?
- D. Are there restrictions on what I publish on social media while working in communities in other countries?

9. What is a cost-utility analysis and which outcomes does it use?

- A. Utility-based outcomes such as QALYs or DALYs.
- B. Monetary costs only.
- C. Patient satisfaction scores.
- D. Hospital length of stay.

10. Which is an example of tertiary prevention?

- A. Vaccination
- B. Screening
- C. Rehabilitation for established disease
- D. Nutritional counseling for healthy individuals

Answers

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

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Explanations

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1. Are sensitivity and specificity affected by disease prevalence?

- A. Yes, both increase with higher prevalence.
- B. No, both are properties of the test and are independent of prevalence.**
- C. Sensitivity depends on prevalence; specificity does not.
- D. Specificity depends on prevalence; sensitivity does not.

Sensitivity and specificity are intrinsic properties of a diagnostic test. They measure how well the test identifies those with the disease (sensitivity) and those without the disease (specificity), independent of how common the disease is in the population. Sensitivity is the proportion of true positives among all people who truly have the disease, while specificity is the proportion of true negatives among all people who are truly disease-free. Because these calculations are based on the disease and non-disease groups separately, changing how prevalent the disease is in the population doesn't change these rates. What prevalence does affect are predictive values: positive predictive value and negative predictive value. PPV increases with higher prevalence (more of the positives are true positives in a higher-prevalence setting), while NPV decreases with higher prevalence. In short, prevalence does not alter sensitivity or specificity, though it does influence how we interpret test results in terms of expected probability that a given positive or negative result reflects true disease.

2. What are the steps typically involved in conducting a systematic review and meta-analysis?

- A. Define question; develop protocol; search literature; select studies; extract data; assess bias; synthesize qualitatively; perform meta-analysis; assess heterogeneity and publication bias; report.
- B. Develop protocol; search literature; report results.
- C. Define question, develop protocol, search literature, select studies, extract data, assess bias, synthesize qualitatively, perform meta-analysis, assess heterogeneity and publication bias, report.**
- D. Rely on a single study and publish.

Systematic reviews and meta-analyses follow a planned, replicable workflow to minimize bias and provide a clear answer to a specific question. The first step is defining the question and developing a protocol that specifies objectives, eligibility criteria, search strategy, and planned analyses. Then conduct a comprehensive literature search, screen studies against predefined criteria, and select those to include. Next, extract data consistently from the included studies and assess risk of bias or study quality. After that, synthesize the findings qualitatively to describe what the studies show, and if appropriate perform a meta-analysis to combine results quantitatively. It's also essential to assess heterogeneity across studies and examine potential publication bias. Finally, report the methods and findings transparently, including search strategy, study selection, data extraction, risk of bias, synthesis, and conclusions. Other options that skip steps like protocol development, study selection, data extraction, bias assessment, or meta-analysis, or that rely on a single study, fail to provide the comprehensive, systematic approach required.

3. Which question may help clarify the presence of health issues?

- A. Are diarrhea and other gastrointestinal complaints common here?**
- B. Do you have fever today?
- C. Do you exercise regularly?
- D. Do you eat spicy foods?

To assess whether health issues are present in the environment or population, you want a question that gauges how widespread a problem is. Asking whether diarrhea and other gastrointestinal complaints are common here directly taps into the prevalence of illness in that setting. It helps signal potential sanitation, water, or infectious disease concerns and provides insight into the overall health burden in the area. In contrast, questions about fever today target a single person's current symptom, not the broader health situation; asking about exercise or spicy foods relates to individual habits rather than whether health problems exist in the community.

4. Which phrase indicates a high risk for disease outbreaks in the village?

- A. Get water from a stream
- B. Bath in the nearby stream**
- C. No clinic nearby
- D. No bathrooms

Using the stream for bathing signals a direct and repeated exposure to potentially contaminated water, which is a major driver of waterborne disease transmission in a village. When people bathe in the same source that may be contaminated by fecal matter, bodily fluids, or environmental microbes, pathogens can spread quickly through contact, shared surfaces, and even incidental ingestion. This practice reflects poor water quality and sanitation in daily life, creating a situation where an outbreak can start or spread more easily. In contrast, while getting water from a stream also suggests unsafe water, bathing emphasizes prolonged contact with the source and more opportunities for transmission, making it a stronger indicator of outbreak risk. The other phrases point to barriers in care or sanitation access, which affect outcomes but do not as directly imply current transmission risk through everyday behavior.

5. Which statement correctly distinguishes incidence rate from cumulative incidence (incidence proportion)?

- A. Incidence rate uses person-time; cumulative incidence is risk over a specified period.**
- B. Incidence rate equals cumulative risk over the entire population lifetime.
- C. Cumulative incidence uses person-time; incidence rate is risk over period.
- D. Both are identical in meaning.

The main idea is that incidence rate (incidence density) measures how fast new cases accumulate and uses person-time in the denominator, while cumulative incidence (incidence proportion) is a probability of developing the disease over a defined period and uses the number of people at risk at the start divided by that initial population. Incidence rate accounts for varying follow-up times because it sums the exact time each person is at risk, yielding a rate such as cases per person-year. Cumulative incidence, on the other hand, reflects the risk over a set time window for a baseline population, essentially the proportion who develop the disease during that period, assuming they're all followed for the full interval (ignoring censoring details in its simplest form). So the statement that incidence rate uses person-time and cumulative incidence is risk over a specified period is the correct distinction.

6. What is publication bias?

- A. Tendency to publish positive results more frequently than negative results
- B. Tendency to publish negative results more frequently than positive results**
- C. Tendency to publish only observational studies
- D. Tendency to publish results with small sample sizes

Publication bias is when the studies that get published are not a random sample of all the research done, but are skewed toward positive or statistically significant findings. This happens because journals and editors often prefer striking results, researchers may be more likely to submit favorable outcomes, and null or negative results can be harder to publish. The consequence is that the available literature may overstate how strong an effect or association really is, which can mislead readers and distort evidence syntheses like meta-analyses. The other options don't describe this phenomenon: publishing negative results more often would reduce bias, publishing only observational studies isn't about bias in published results, and publishing small studies is a different issue related to precision and reliability rather than the tendency to publish favorable results.

7. In a population-based healthcare delivery model, the focus is on wellness and a holistic approach; clients typically access services through which setting?

- A. Hospitals
- B. Primary care offices**
- C. Specialist clinics
- D. Urgent care centers

A wellness-focused, holistic population health model relies on primary care offices because they provide ongoing, comprehensive, and accessible care that covers preventive services, health maintenance, and care coordination across a person's lifespan. Primary care acts as the first point of contact, offering continuous, person-centered attention, addressing physical and mental health, and guiding patients through referrals to specialists when needed. This setting supports a team-based approach, helps manage chronic conditions, and connects individuals with community and public health resources, which is essential for improving health outcomes at the population level. Hospitals, specialist clinics, and urgent care centers play critical roles too, but they are more oriented toward acute, specialized, or episodic care rather than ongoing wellness and broad prevention.

8. Which question would give you more information about the ethics of this organization?

- A. How do you ensure your uniforms are culturally appropriate for the country?
- B. What type of guidelines do you have regarding communicating the beliefs of the organization?
- C. I'm going to school to be a Registered Nurse. Can I practice my medication administration skills while I'm there?
- D. Are there restrictions on what I publish on social media while working in communities in other countries?**

Understanding how staff should conduct themselves ethically in public and online spaces is the focus. The option about social media restrictions while working in communities in other countries directly reveals whether the organization has formal ethics-related policies governing communication, representation, confidentiality, and cultural respect in fieldwork. It shows how staff are expected to handle their public persona and the potential impact on communities and the organization's reputation. The other inquiries touch on related areas but don't illuminate the organization's ethical standards as clearly. Asking about culturally appropriate uniforms relates to cultural sensitivity and dress policy, not necessarily ethical guidelines. Asking about guidelines for communicating the organization's beliefs concerns messaging and branding rather than ethical conduct in practice. Asking about practicing medication administration while in school centers on scope of practice and training rather than organizational ethics.

9. What is a cost-utility analysis and which outcomes does it use?

- A. Utility-based outcomes such as QALYs or DALYs.**
- B. Monetary costs only.
- C. Patient satisfaction scores.
- D. Hospital length of stay.

Cost-utility analysis measures both the costs and the health outcomes of an intervention using a utility-based metric that reflects both how long people live and how good their health is. The outcomes are usually expressed as QALYs (quality-adjusted life years) or DALYs (disability-adjusted life years). A QALY combines length of life with a quality-of-life weight (0 = dead, 1 = perfect health); one year lived in perfect health equals 1 QALY, while a year in a less-than-perfect health state is worth less than 1. DALYs similarly incorporate years of life lost and years lived with disability to quantify overall disease burden. This approach is powerful because it provides a common scale to compare different interventions, even when they affect different health outcomes, by incorporating patient preferences for health states through the utility weights. Options that focus only on monetary costs, or on non-utility outcomes like patient satisfaction or hospital stay length, don't capture this combined picture of quantity and quality of life, which is why they aren't used in cost-utility analysis.

10. Which is an example of tertiary prevention?

- A. Vaccination
- B. Screening
- C. Rehabilitation for established disease**
- D. Nutritional counseling for healthy individuals

Tertiary prevention aims to reduce the damage and disability that remain after a disease has developed. Rehabilitation for someone with an established condition is a classic example because it focuses on restoring function, minimizing remaining disability, and preventing further complications or decline. It helps people regain independence and quality of life once illness is present, rather than trying to prevent the disease from occurring in the first place or detect it early. Vaccination prevents disease before it starts, so it's primary prevention. Screening looks for disease early to reduce harm, which is secondary prevention. Nutritional counseling for healthy individuals promotes health and prevents disease from developing, aligning with primary (or primordial) prevention rather than addressing disability from an existing disease.

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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://edaptglobalpopulationhealth.examzify.com>

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

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