

HOSA World Health & Disparities Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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

- 1. What is the role of primary care in reducing health disparities?**
 - A. To provide specialized treatment for chronic conditions**
 - B. To offer accessible healthcare services addressing a wide range of health issues**
 - C. To conduct medical research on health outcomes**
 - D. To implement technology in healthcare delivery**
- 2. What state has the highest total burden of education-related health disparities?**
 - A. California**
 - B. Florida**
 - C. Texas**
 - D. Ohio**
- 3. What state had the highest percentage of obesity recorded in the Comparative Health Index?**
 - A. New Mexico**
 - B. Mississippi**
 - C. South Carolina**
 - D. Texas**
- 4. Which country has the lowest life expectancy at birth?**
 - A. Afghanistan**
 - B. Somalia**
 - C. Chad**
 - D. Zimbabwe**
- 5. Ethnicity can impact health behaviors and perceptions. Which of the following is an example?**
 - A. Every ethnicity has the same healthcare provider experience**
 - B. Cultural beliefs affecting health treatment choices**
 - C. All ethnicities have identical attitudes towards vaccination**
 - D. Health issues are experienced uniformly across populations**

- 6. What percentage of the burden is carried by the Hispanic racial group?**
- A. 69%**
 - B. 21%**
 - C. 6%**
 - D. 3%**
- 7. What does the term 'social gradient' refer to?**
- A. The relationship of health and environmental factors**
 - B. The relation of socioeconomic status (SES) and health**
 - C. The difference in healthcare access among populations**
 - D. The impact of poverty on mental health**
- 8. Which factor does NOT typically contribute to health disparities in a community?**
- A. Access to health information**
 - B. Social determinants such as income and education**
 - C. Environmental safety**
 - D. Universal healthcare coverage**
- 9. Which of the following statements is true regarding ethnic minorities and health outcomes?**
- A. They consistently have better health than the majority population**
 - B. They are more likely to experience negative health outcomes**
 - C. Access to healthcare is equal across all ethnicities**
 - D. They are not represented in health studies**
- 10. What is one role of technology in addressing health disparities?**
- A. Creating barriers to health services**
 - B. Providing mobile health applications for better access**
 - C. Limiting information on health education**
 - D. Reducing the quality of healthcare services**

Answers

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

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Explanations

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1. What is the role of primary care in reducing health disparities?
 - A. To provide specialized treatment for chronic conditions
 - B. To offer accessible healthcare services addressing a wide range of health issues**
 - C. To conduct medical research on health outcomes
 - D. To implement technology in healthcare delivery

Primary care plays a vital role in reducing health disparities by offering accessible healthcare services that address a broad spectrum of health issues. This accessibility is essential for ensuring that all individuals, regardless of their socioeconomic status or geographic location, can seek care when they need it. Primary care providers focus on preventive care, early detection, and management of various health conditions, which not only helps in treating diseases effectively but also contributes to overall community health. By providing comprehensive care that is patient-centered and culturally competent, primary care can bridge gaps in healthcare access, especially for underserved populations. This approach fosters a continuous relationship between patients and providers, promoting better health literacy, adherence to treatment plans, and improved health outcomes, ultimately aiding in the reduction of health disparities. While the other choices highlight important aspects of healthcare, they do not specifically address the primary care's fundamental role in providing broad and accessible services that tackle the underlying issues of health inequities. Specialized treatment focuses more on specific conditions, medical research, and technology implementation are supportive elements but do not encompass the immediate and comprehensive care that primary care provides to mitigate disparities in health.

2. What state has the highest total burden of education-related health disparities?
 - A. California
 - B. Florida
 - C. Texas**
 - D. Ohio

Texas has the highest total burden of education-related health disparities due to its significant population size, diverse demographics, and the varying access to quality healthcare and educational resources within the state. The combination of these factors contributes to disparities in health outcomes that are closely tied to educational attainment. In large states like Texas, regions often differ widely in terms of socioeconomic status, healthcare access, and educational opportunities, which can exacerbate health disparities among different populations. This situation reflects how educational inequalities can influence health outcomes, as lower levels of education are often associated with poorer health practices, increased chronic diseases, and limited access to healthcare resources. As Texas has a substantial number of low-income and underserved communities, the interplay of education and health becomes particularly pronounced, leading to a higher burden of education-related health disparities compared to other states. While other states on the list also face their own disparities, the scale and unique challenges in Texas position it at the forefront when considering the intersection of education and health outcomes.

3. What state had the highest percentage of obesity recorded in the Comparative Health Index?

- A. New Mexico**
- B. Mississippi**
- C. South Carolina**
- D. Texas**

The state with the highest percentage of obesity recorded in the Comparative Health Index is Mississippi. This is supported by a long-standing trend that has shown Mississippi consistently ranking among the states with the highest obesity rates over the years. Factors contributing to this high prevalence include socioeconomic influences, dietary habits, and limited access to healthcare and healthy food options, which are critical in understanding public health. Mississippi has faced significant challenges regarding health disparities and obesity, leading to severe consequences for its population's overall health, including increased risks of chronic diseases such as diabetes and heart disease. This context underscores why Mississippi would reflect such a high percentage in obesity metrics compared to other states listed. The other states mentioned, while they may have varying levels of obesity and health challenges, have not demonstrated the same sustained, high rates as Mississippi in health reports and indices.

4. Which country has the lowest life expectancy at birth?

- A. Afghanistan**
- B. Somalia**
- C. Chad**
- D. Zimbabwe**

The correct answer is Somalia, as it consistently reports very low life expectancy at birth due to several critical factors. Somalia has faced ongoing conflict, political instability, and humanitarian crises which have severely impacted health care access and the overall quality of life for its citizens. The country has also dealt with epidemics, poverty, and malnutrition, all contributing to high mortality rates, particularly among infants and children. When comparing Somalia to Afghanistan, Chad, and Zimbabwe, while all these countries face significant challenges impacting life expectancy, Somalia tends to have the lowest figures in recent statistics. Afghanistan experiences similar issues related to conflict and health care access, but its life expectancy, while low, is generally higher than that of Somalia. Chad, known for similar health issues, also has low life expectancy, but not as low as Somalia's. Zimbabwe has experienced health crises, especially during economic decline, but its average life expectancy has improved in recent years, making it higher than Somalia's. This context illustrates why Somalia is recognized for having the lowest life expectancy at birth, highlighting the role of health systems, social conditions, and conflict in determining public health outcomes.

5. Ethnicity can impact health behaviors and perceptions. Which of the following is an example?

- A. Every ethnicity has the same healthcare provider experience**
- B. Cultural beliefs affecting health treatment choices**
- C. All ethnicities have identical attitudes towards vaccination**
- D. Health issues are experienced uniformly across populations**

The statement highlighting cultural beliefs affecting health treatment choices is correct because it acknowledges the significant role that ethnicity plays in shaping health behaviors and perceptions. Different ethnic groups may have unique cultural beliefs, traditions, and values that influence how they perceive health and illness. These cultural factors can affect decisions related to treatment options, adherence to medical advice, and trust in healthcare systems. For example, certain ethnic communities may rely on traditional healing practices or have specific dietary restrictions that affect their healthcare decisions. Recognizing these cultural influences is critical for healthcare providers as they develop effective communication strategies and interventions tailored to diverse populations. The other options present inaccuracies that do not reflect the complexities of how ethnicity interacts with health behaviors. The notion that every ethnicity has the same healthcare provider experience oversimplifies the varied interactions individuals have with the healthcare system, which can differ based on cultural expectations and experiences. Asserting that all ethnicities have identical attitudes towards vaccination fails to recognize the diverse beliefs and misinformation that can vary substantially between groups. Finally, the statement about health issues being experienced uniformly across populations neglects the disparities in health outcomes, access to care, and specific health risks that different ethnic communities may face.

6. What percentage of the burden is carried by the Hispanic racial group?

- A. 69%**
- B. 21%**
- C. 6%**
- D. 3%**

The answer indicating that the Hispanic racial group carries 21% of the burden reflects data on health disparities and the social determinants of health. This percentage is significant because it highlights the health challenges and disparities faced by the Hispanic population, which can stem from a variety of factors including socioeconomic status, access to healthcare, cultural barriers, and historical inequities. Understanding these statistics is important for public health initiatives aimed at addressing health disparities. For example, health programs can be designed to target prevention and treatment efforts specifically towards the Hispanic community to alleviate some of the burden mentioned. In public health, recognizing the proportions of health burdens across different racial groups provides insight into where resources and interventions are needed most. A figure like 21% serves as a call to action for both healthcare providers and policymakers to focus on equitable health solutions that address the specific needs of the Hispanic population. The context provided in health disparity studies often illustrates that minority groups, including Hispanics, may experience worse health outcomes compared to their white counterparts, reinforcing the necessity for focused health strategies and community support. This reinforces why identifying and understanding the burden carried by different racial groups is crucial in working towards health equity.

7. What does the term 'social gradient' refer to?

- A. The relationship of health and environmental factors
- B. The relation of socioeconomic status (SES) and health**
- C. The difference in healthcare access among populations
- D. The impact of poverty on mental health

The term 'social gradient' refers specifically to the relationship of socioeconomic status (SES) and health. This concept illustrates how individuals' health outcomes are closely linked to their socioeconomic position, with those at the higher end of the socioeconomic spectrum typically experiencing better health compared to those at lower socioeconomic levels. Research shows that as one moves down the socioeconomic ladder, health outcomes tend to decline. This gradient is not just seen in terms of wealth but encompasses a broad range of social determinants, including education, occupation, and living conditions. Understanding the social gradient is crucial in public health as it highlights the disparities in health that are associated with socioeconomic inequalities and emphasizes the need for policies aimed at reducing health inequities. While the other options touch on important aspects of health and social determinants, they do not encapsulate the specific relationship described by the social gradient. The focus on SES provides a clearer understanding of how social structures impact health, making it a critical concept in discussions about health disparities and the promotion of health equity.

8. Which factor does NOT typically contribute to health disparities in a community?

- A. Access to health information
- B. Social determinants such as income and education
- C. Environmental safety
- D. Universal healthcare coverage**

The factor that does not typically contribute to health disparities in a community is universal healthcare coverage. Universal healthcare coverage generally aims to provide all individuals with access to necessary health services without financial hardship, thereby reducing inequities in health access and outcomes. When a population has comprehensive healthcare coverage, it helps eliminate barriers related to financial constraints, allowing for more equitable access to care. In contrast, access to health information, social determinants like income and education, and environmental safety can lead to disparities. For instance, inadequate access to health information can result in a lack of awareness about available healthcare services or preventive measures. Social determinants such as low income and limited education often correlate with poorer health outcomes due to reduced access to resources and opportunities that promote health. Similarly, environmental safety issues, such as exposure to pollutants or lack of safe recreational spaces, can disproportionately affect certain communities, resulting in increased health disparities. Thus, universal healthcare coverage serves as a mitigator rather than a contributor to health disparities.

9. Which of the following statements is true regarding ethnic minorities and health outcomes?

- A. They consistently have better health than the majority population**
- B. They are more likely to experience negative health outcomes**
- C. Access to healthcare is equal across all ethnicities**
- D. They are not represented in health studies**

Ethnic minorities often face a range of systemic barriers that contribute to a higher likelihood of experiencing negative health outcomes. This can be attributed to various factors, including socioeconomic disparities, differences in access to healthcare, cultural barriers, and discrimination within healthcare systems. Ethnic minorities may be disproportionately affected by chronic diseases, mental health issues, and other health complications due to these intertwined issues. This makes the assertion about their increased likelihood of negative health outcomes particularly accurate, as it highlights the real challenges faced by these populations. In contrast, the other statements do not accurately reflect the realities of health disparities. Many ethnic minorities do not have better health than the majority population, nor is access to healthcare equal across all ethnicities, as numerous studies have shown significant disparities in healthcare access and quality. Furthermore, while representation in health studies has historically been an issue, many ethnic minorities are increasingly included in research, and efforts are being made to ensure diverse populations are represented in health data.

10. What is one role of technology in addressing health disparities?

- A. Creating barriers to health services**
- B. Providing mobile health applications for better access**
- C. Limiting information on health education**
- D. Reducing the quality of healthcare services**

The role of technology in addressing health disparities is exemplified by the use of mobile health applications. These applications enhance access to healthcare information and services, particularly for underserved populations who may face obstacles in traditional healthcare settings. By providing users with convenient resources such as symptom checkers, appointment scheduling, medication reminders, and educational materials, mobile health applications can bridge the gap in healthcare access and empower individuals to take charge of their health. This technology fosters greater engagement in health management and encourages preventative care, thereby improving overall health outcomes and reducing disparities in healthcare access and treatment.

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://hosaworldhealthdisparities.examzify.com>

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