

NORTH CAROLINA PUBLIC HEALTH AGENCIES, DISPARITIES, AND POLICY FRAMEWORKS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. When does mutual aid typically emerge?

- A. Only during natural disasters.
- B. Only when government agencies authorize volunteers.
- C. When formal systems are too slow, restrictive, or untrusted.
- D. Only in rural areas.

2. What is burnout in the public health workforce?

- A. A temporary sadness after a shift.
- B. A form of motivation from long shifts.
- C. A legal term for job termination.
- D. Emotional exhaustion and depersonalization due to crisis demands.

3. Which scenario best illustrates diagnosing and investigating health hazards?

- A. Vaccination campaigns.
- B. Quarantine enforcement.
- C. Food and vendor inspections at the NC State Fair.
- D. Public health messaging.

4. NCHOP eligibility includes health needs and social risk factors. Which of the following is an example of a social risk factor?

- A. Housing instability
- B. Age
- C. Blood pressure
- D. Vaccination status

5. What are the types of public health governance?

- A. Centralized, Decentralized, Shared, and Mixed governance
- B. Centralized governance only
- C. Decentralized governance only
- D. Shared governance only

- 6. What percentage of the public health workforce is under age 35?**
- A. 36%
 - B. 50%
 - C. 25%
 - D. 10%
- 7. In public health context, what does the term subversive mean?**
- A. Operating within formal authority to maintain the status quo
 - B. Operating outside formal authority and challenging the status quo
 - C. A type of health policy
 - D. A legal term for protests
- 8. What's the most common type of insurance, and how does it impact rural communities' access to care?**
- A. Employer-Sponsored Insurance Is Most Common, but Rural Areas Often Lack Employers Offering Coverage, Leaving Residents Ineligible for Public Plans or Unable to Access Employer Coverage
 - B. Medicaid Is Most Common in Rural Areas
 - C. Medicare Is Most Common in Rural Areas
 - D. Private Self-Insurance Is Most Common
- 9. Which of the following statements best captures demographic trends in the public health workforce?**
- A. Majority women and majority white, many under age 35, high turnover, and significant proportion without formal public health degrees.
 - B. Majority male and minority white, aging, with low turnover.
 - C. Mostly international hires with high turnover.
 - D. All workers are licensed professionals with advanced degrees.
- 10. State Health Services' three major services include which trio?**
- A. Health promotion, prevention, protection
 - B. Health promotion, treatment, protection
 - C. Prevention, treatment, protection
 - D. Health promotion, prevention, care coordination

Answers

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

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Explanations

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1. When does mutual aid typically emerge?

- A. Only during natural disasters.
- B. Only when government agencies authorize volunteers.
- C. When formal systems are too slow, restrictive, or untrusted.**
- D. Only in rural areas.

Mutual aid appears when people step in to help each other because formal response systems can't move fast enough, are too restrictive, or are not trusted. In emergencies, official responders often face time delays, red tape, or gaps in authority, and community members—neighbors, coworkers, faith groups, and local networks—organize to fill those gaps. This kind of grassroots, neighbor-to-neighbor assistance can happen in many kinds of crises, not just natural disasters, and it isn't limited to any one setting. It's about the gap between need and what formal systems can deliver quickly, which is why this option best captures when mutual aid tends to emerge. It's not limited to disasters alone, not dependent on government authorization, and not confined to rural areas, which is why those other statements don't fit as well.

2. What is burnout in the public health workforce?

- A. A temporary sadness after a shift.
- B. A form of motivation from long shifts.
- C. A legal term for job termination.
- D. Emotional exhaustion and depersonalization due to crisis demands.**

Burnout is a work-related syndrome marked by emotional exhaustion, depersonalization (a sense of detachment or cynicism toward others), and a reduced sense of personal accomplishment that results from chronic, unmanageable job stress. In public health, ongoing crisis demands—like outbreaks, emergencies, and long, strenuous shifts—can drain emotional resources and make staff feel ineffective or distant from the people they serve. This combination—exhaustion plus detachment and diminished efficacy—fits burnout, not just temporary sadness after a shift, not a form of motivation from long hours, and not a legal term for termination. Recognizing burnout helps explain why staff performance and well-being decline in high-demand periods and points to policy and workplace changes that support the workforce, such as manageable workloads, adequate rest, and mental health resources.

3. Which scenario best illustrates diagnosing and investigating health hazards?

- A. Vaccination campaigns.
- B. Quarantine enforcement.
- C. Food and vendor inspections at the NC State Fair.**
- D. Public health messaging.

Diagnosing and investigating health hazards means actively looking for conditions or practices that could cause illness, gathering information, and taking corrective action to reduce risk. Food and vendor inspections at the NC State Fair illustrate this well, because inspectors assess how food is prepared, stored, and served, identify problems such as improper temperatures or unsanitary practices, document findings, and enforce changes to protect attendees. Vaccination campaigns focus on preventing disease rather than identifying hazards in the environment. Quarantine enforcement is about stopping transmission, not investigating hazards in settings. Public health messaging informs the public about risks but does not diagnose or investigate hazards.

4. NCHOP eligibility includes health needs and social risk factors. Which of the following is an example of a social risk factor?

A. Housing instability

B. Age

C. Blood pressure

D. Vaccination status

This question tests understanding of what counts as a social risk factor in eligibility decisions. Social risk factors are non-medical conditions in the person's social and economic environment that can make it harder to achieve or maintain health and to access care. Housing instability fits this because it reflects the social and economic context people live in—such as not having stable housing, potential eviction, or frequent moves—which can cause stress, disrupt routines, and create barriers to storing medications, keeping appointments, or following through with care. These factors are about living conditions and resources, not about a person's medical measurements or demographic traits. In contrast, age is a demographic characteristic, blood pressure is a clinical health indicator, and vaccination status relates to preventive care history. So housing instability is the example that illustrates a social risk factor.

5. What are the types of public health governance?

A. Centralized, Decentralized, Shared, and Mixed governance

B. Centralized governance only

C. Decentralized governance only

D. Shared governance only

Public health governance is about who has authority to make and carry out decisions and how those decisions are coordinated across different levels and partners. In real systems, governance isn't just one approach; it blends how power and responsibilities are distributed to fit programs and communities. Centralized governance means top-level authorities set standards, allocate resources, and direct actions from a central agency. Decentralized governance places authority in local governments or local health departments, allowing communities to tailor programs to their specific needs. Shared governance involves collaboration and joint decision-making among multiple levels or sectors, with agreed-upon roles and accountability. Mixed governance blends elements of these approaches, combining centralized direction with local implementation and cross-sector partnerships to adapt to particular contexts. In North Carolina and similar systems, you often see a state-level framework that sets standards and provides funding, paired with local health departments that implement programs in their counties. Many initiatives require cross-jurisdictional collaboration among state agencies, local governments, hospitals, and community organizations, illustrating shared governance. Some programs are jointly managed or regionally coordinated, reflecting mixed governance. This variety captures why the best answer includes all four types. The other options are too narrow because they focus on a single governance form and miss the common practice of combining approaches to meet diverse public health needs.

6. What percentage of the public health workforce is under age 35?

- A. 36%**
- B. 50%
- C. 25%
- D. 10%

Understanding age distribution in the public health workforce helps explain how agencies plan training, recruitment, and future leadership. About thirty-six percent of the public health workforce is under thirty-five, meaning a sizable portion are early-career staff. This brings energy, new skills, and fresh ideas for addressing public health challenges, including disparities, but it also highlights the need for mentorship and development to help these workers advance and stay in public health as experienced staff retire. In North Carolina, where local health departments and state agencies rely on a steady influx of new talent, this age mix influences how programs are staffed, how policy is implemented, and how capacity to address disparities is built over time. The remaining options don't align with typical workforce survey findings, which place the under-35 share in the low-to-mid thirties.

7. In public health context, what does the term subversive mean?

- A. Operating within formal authority to maintain the status quo
- B. Operating outside formal authority and challenging the status quo**
- C. A type of health policy
- D. A legal term for protests

In public health, subversive describes actions that push against established power structures by operating outside formal authority to challenge the status quo. This can include community advocacy, whistleblowing, exposing inequities, and pushing for policy changes when current systems cause harm. It's about disrupting and reforming practices that perpetuate health disparities, not about simply working within official channels to maintain the current order. It isn't a specific health policy term, nor a legal term for protests, and it isn't about doing things inside formal authority to preserve the status quo.

8. What's the most common type of insurance, and how does it impact rural communities' access to care?

- A. Employer-Sponsored Insurance Is Most Common, but Rural Areas Often Lack Employers Offering Coverage, Leaving Residents Ineligible for Public Plans or Unable to Access Employer Coverage**
- B. Medicaid Is Most Common in Rural Areas
- C. Medicare Is Most Common in Rural Areas
- D. Private Self-Insurance Is Most Common

Employer-Sponsored Insurance is the most common form of coverage, but in rural communities it's less likely that employers offer coverage. When protection is tied to a job, residents in areas with few employers or with small, non-sponsor-friendly workplaces often don't have access to that coverage. At the same time, eligibility for public programs isn't automatic for everyone, and in states that haven't expanded Medicaid, many low income adults don't gain coverage through public plans. The result is a larger share of uninsured or underinsured people in rural areas, which directly affects access to care: people may delay or forgo primary and preventive services, face cost barriers to seeing a clinician, and rely more on under-resourced safety-net providers. The other possibilities don't fit rural patterns. Medicaid being the most common would imply broad public coverage in rural areas that isn't typically the norm; Medicare being the most common would reflect an older-dominated pattern that isn't universal; private self-insurance is more characteristic of large employers and isn't the prevailing route for most rural residents.

9. Which of the following statements best captures demographic trends in the public health workforce?

- A. Majority women and majority white, many under age 35, high turnover, and significant proportion without formal public health degrees.**
- B. Majority male and minority white, aging, with low turnover.
- C. Mostly international hires with high turnover.
- D. All workers are licensed professionals with advanced degrees.

Understanding who works in public health helps explain how agencies plan hiring, training, and retention. In many public health systems, women make up the majority of the workforce across a range of roles—from health education and administration to community outreach. The workforce has historically been predominantly White, though diversity efforts are aiming for broader representation. A sizable share of staff tends to be younger, with many workers under 35 entering the field through entry-level roles or early-career positions. Turnover is often high at local health departments and similar agencies, driven by funding fluctuations, burnout, and job security concerns. Additionally, not every public health job requires a formal public health degree; many staff hold degrees in related fields or enter the field with on-the-job training, especially in support, administrative, and outreach positions. Together, these elements describe a workforce that is largely female and White, relatively young, with notable turnover, and composed of many employees without formal public health degrees. That combination is what this option captures. The other statements don't align with typical patterns: they imply a male-dominated or aging workforce with low turnover, or they suggest mostly international hires, or that all workers are licensed professionals with advanced degrees—scenarios that don't reflect common public health staffing realities.

10. State Health Services' three major services include which trio?

- A. Health promotion, prevention, protection**
- B. Health promotion, treatment, protection
- C. Prevention, treatment, protection
- D. Health promotion, prevention, care coordination

Focusing on how state public health units keep communities healthy, the three major services center on actions that influence the health of populations: health promotion, prevention, and protection. Health promotion includes activities that encourage healthier choices and environments—think nutrition education, physical activity initiatives, and campaigns to quit smoking. Prevention covers steps that stop illness or injury before it starts or stops its spread, such as immunization programs, screenings, and injury-prevention efforts. Protection is about safeguarding the public from hazards and emergencies, including environmental health protections, food and water safety, and preparedness and response to disasters. This combination is a natural fit for state health work because it emphasizes population-level impact rather than individual clinical care. Alternatives that include treatment or focus on care coordination shift toward clinical management or healthcare system functions, which aren't the same broad public health emphases as promotion, prevention, and protection.

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://ncpublichealthagencies.examzify.com>

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

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