

PHRD554 PUBLIC HEALTH PRACTICE TEST (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. Outcome evaluation primarily assesses:**
 - A. The way a program was implemented
 - B. The unintended consequences of the program
 - C. Whether the program achieved its intended results
 - D. The cost of program delivery
- 2. If a new curative therapy shortens the duration of illness, what will happen to the incidence of the disease?**
 - A. Increase
 - B. Decrease
 - C. Stay the same
 - D. Cannot be determined
- 3. An epidemic that becomes unusually widespread and global is referred to as a ____.**
 - A. Pandemic
 - B. Hyperendemic
 - C. Spanish flu
 - D. Endemic
- 4. How is a health impact assessment defined in practice?**
 - A. A process to measure only economic impact.
 - B. A structured process to estimate potential health effects of a policy, program, or project.
 - C. A method to forecast weather impacts on health.
 - D. A plan to implement health interventions without assessment.
- 5. What is a logic model's role in program planning and evaluation?**
 - A. Connects resources and activities to expected outcomes and impact; guides measurement and evaluation design.
 - B. It describes the theoretical basis of the disease.
 - C. It is a statistical model used for analyzing data.
 - D. It outlines the budget and funding sources only.

- 6. What is a needs assessment in public health planning and what methods are used?**
- A. A randomized trial to test a health intervention.
 - B. Systematic process to identify health problems and priorities; methods include surveys, interviews, focus groups, data analysis, and community forums.
 - C. A financial audit of health programs.
 - D. A passive data collection with no community input.
- 7. The social ecological model includes which levels?**
- A. Individual, clinic, city, country
 - B. Individual, relationships, communities, and society
 - C. Personal, familial, national, global
 - D. Micro, meso, macro, meta
- 8. Which study type uses existing records to identify a cohort at the start and follow outcomes from past data to the present or future?**
- A. Prospective cohort
 - B. Retrospective cohort
 - C. Case-control
 - D. Cross-sectional
- 9. Why is alignment with funder priorities important in grant proposals?**
- A. It guarantees funding.
 - B. It increases the likelihood of funding and ensures relevance.
 - C. It is optional and rarely reviewed.
 - D. It delays submission.
- 10. In a randomized clinical trial, what is the major purpose of random assignment?**
- A. Represent the general population
 - B. Reduce selection bias in allocation of treatment
 - C. Facilitate double blinding (masking)
 - D. Ensure comparable baseline characteristics

Answers

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

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Explanations

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1. Outcome evaluation primarily assesses:

- A. The way a program was implemented
- B. The unintended consequences of the program
- C. Whether the program achieved its intended results**
- D. The cost of program delivery

Outcome evaluation focuses on the extent to which the program achieved its intended results. It looks at the actual changes that occur because of the program—such as improvements in knowledge, behavior, or health outcomes—and whether these changes meet the targets set by the program's goals. It answers questions like: did the targeted outcomes occur, and to what degree? This is different from process evaluation, which reviews how well the program was implemented, and from cost analysis, which examines what the program costs. While unintended consequences can be observed, they are not the primary focus of outcome evaluation.

2. If a new curative therapy shortens the duration of illness, what will happen to the incidence of the disease?

- A. Increase
- B. Decrease
- C. Stay the same**
- D. Cannot be determined

The main idea is how incidence versus prevalence relate to illness duration. Incidence is about new infections happening over a period, while prevalence is about how many people are currently ill. If a therapy cures illness faster, it reduces how long people stay diseased, so fewer people are sick at any given time (prevalence goes down). But the rate at which new people become ill (incidence) depends on factors like exposure and transmission, not how long existing cases last. If the therapy doesn't change how likely people are to get infected, the number of new cases per time remains the same. So the incidence stays the same.

3. An epidemic that becomes unusually widespread and global is referred to as a _____.

- A. Pandemic**
- B. Hyperendemic
- C. Spanish flu
- D. Endemic

An outbreak that covers many countries or continents and affects a large number of people is a pandemic. The key idea is the geographic spread: an epidemic is a surge of cases in a specific area, while a pandemic crosses borders and becomes global. Endemic means a disease is always present in a particular area at a baseline level, and hyperendemic describes persistently high levels in a population. An example of a pandemic is the Spanish flu that spread worldwide, illustrating how a local outbreak can become global.

4. How is a health impact assessment defined in practice?

- A. A process to measure only economic impact.
- B. A structured process to estimate potential health effects of a policy, program, or project.**
- C. A method to forecast weather impacts on health.
- D. A plan to implement health interventions without assessment.

A health impact assessment is a structured process to estimate potential health effects of a policy, program, or project. It looks at how decisions influence health through factors like housing, transportation, employment, education, and the environment, and it uses evidence and stakeholder input to identify both positive and negative health outcomes before decisions are finalized. The goal is to inform and shape choices by offering practical recommendations to maximize benefits and minimize harms, often with steps such as screening, scoping, assessment, recommendations, reporting, and monitoring. This approach is distinct from simply measuring economic impact, forecasting weather-related health changes, or implementing interventions without evaluating health consequences.

5. What is a logic model's role in program planning and evaluation?

- A. Connects resources and activities to expected outcomes and impact; guides measurement and evaluation design.**
- B. It describes the theoretical basis of the disease.
- C. It is a statistical model used for analyzing data.
- D. It outlines the budget and funding sources only.

A logic model functions as a planning and evaluation map that links what you invest and do with the short-, intermediate-, and long-term changes you expect. By laying out inputs (resources), activities, outputs, and outcomes, along with the assumed causal pathways and underlying assumptions, it makes the program theory explicit. This clarity helps ensure that what you implement is aligned with the desired impact and provides a concrete framework for measuring progress. It guides evaluation design by identifying appropriate indicators for each step in the pathway and clarifying what data to collect, when, and how to interpret them. In short, a logic model connects resources and activities to outcomes and impact and shapes how you measure success, rather than focusing solely on disease theory, statistical analysis, or budgeting in isolation.

6. What is a needs assessment in public health planning and what methods are used?

- A. A randomized trial to test a health intervention.
- B. Systematic process to identify health problems and priorities; methods include surveys, interviews, focus groups, data analysis, and community forums.**
- C. A financial audit of health programs.
- D. A passive data collection with no community input.

In public health planning, a needs assessment is a systematic process to identify health problems and priorities within a community. It gathers information on how widespread issues are, what drives them, where gaps in services exist, and what the community itself considers important. To do this, planners use a mix of methods: surveys and analysis of existing health data quantify the scope; interviews and focus groups capture experiences, barriers, and local insights; and community forums help validate findings and build buy-in. The aim is to pinpoint where to focus efforts and how to allocate resources to address real needs with community-informed strategies. The other activities described aren't needs assessments: a randomized trial tests an intervention, a financial audit reviews money and resources, and passive data collection without community input misses crucial context.

7. The social ecological model includes which levels?

- A. Individual, clinic, city, country
- B. Individual, relationships, communities, and society**
- C. Personal, familial, national, global
- D. Micro, meso, macro, meta

Health behavior is shaped by multiple, nested levels of influence—individual, relationships, communities, and society. At the individual level, personal knowledge, attitudes, and skills affect decisions and actions. The relationships level covers family, friends, and peers who can support or hinder choices through norms and social pressure. The communities level includes settings like schools, workplaces, and neighborhoods that provide resources, networks, and shared norms. Finally, the society level encompasses broader social norms, policies, laws, and cultural values that shape what is possible or acceptable in a given context. This layered view helps explain why interventions work only if they address not just personal factors but also the social networks, institutions, and policies that surround people. The other options mix locations or scales that don't align with the standard levels of influence in the social ecological model, or use terms that aren't typically part of the framework.

8. Which study type uses existing records to identify a cohort at the start and follow outcomes from past data to the present or future?

- A. Prospective cohort
- B. Retrospective cohort**
- C. Case-control
- D. Cross-sectional

Retrospective cohort studies use existing records to identify a defined group at the start based on past exposure, and then follow outcomes using data that already exist, up to the present or into the future. This means both the exposure status and the follow-up outcomes are drawn from historical records, without collecting new data going forward. This differs from a prospective cohort, which starts with a current or newly formed group and follows them forward in time to observe outcomes. It also differs from case-control studies, which begin with people who already have the outcome and look back to determine prior exposure, and from cross-sectional studies, which assess exposure and outcome at a single point in time without following participants over time. An example would be using medical records to identify workers exposed to a chemical in the past and then tracking disease development through subsequent records.

9. Why is alignment with funder priorities important in grant proposals?

- A. It guarantees funding.
- B. It increases the likelihood of funding and ensures relevance.**
- C. It is optional and rarely reviewed.
- D. It delays submission.

Aligning with funder priorities means shaping the proposal so its aims, activities, and expected outcomes directly support what the funder wants to achieve. When a proposal clearly advances those priorities, reviewers can see it fits within the funder's mission and portfolio, which makes it easier to evaluate as a good use of their resources. This alignment matters because relevance and fit are central to funding decisions. It signals that the work will help the funder reach its targeted impact, uses the approaches the funder believes in, and can be measured against the funder's desired outcomes. It also helps with accountability and reporting, since the project can be tracked using the funder's metrics and evaluation criteria. Of course, alignment alone doesn't guarantee funding. Strong scientific quality, a solid team, a realistic budget, and demonstrated feasibility all matter as well. Proposals that miss the funder's priorities may be seen as less relevant or harder to justify within the funder's strategic framework, even if other aspects are strong.

10. In a randomized clinical trial, what is the major purpose of random assignment?

- A. Represent the general population
- B. Reduce selection bias in allocation of treatment**
- C. Facilitate double blinding (masking)
- D. Ensure comparable baseline characteristics

Random assignment provides each participant with an equal chance of receiving any treatment, which stops investigators or participants from steering the allocation based on prognosis or preferences. This prevents selection bias and helps balance both known and unknown prognostic factors across groups, so differences in outcomes are more likely due to the treatment itself. While randomization often leads to similar baseline characteristics and can support blinding when allocation is concealed, its central function is preventing biased allocation. Representing the general population is about how participants are sampled, not how they're allocated, and blinding is a separate design feature that may be facilitated by concealment and placebo controls rather than by randomization alone.

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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://phrd554publichealth.examzify.com>

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

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