

Planning, Implementing, & Evaluating Health Promotion Programs, 7e (McKenzie)
Chapter 1 Health Education, Health Promotion, Health Education Specialists, and Program Planning

1) Health promotion was recognized for its potential to help control injury and disease and to promote health during the

- A) first quarter of the 20th century.
- B) last quarter of the 20th century.
- C) early 1800s.
- D) beginning of the 21st century.

Answer: B

2) The publication considered to have been the document that gave great momentum to the health promotion and disease prevention movement in America was called

- A) Healthy People 2000.
- B) Healthy People 2010.
- C) Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (Healthy People, 1979).
- D) Healthy Nation 1970.

Answer: C

3) Which major area is NOT one of the responsibilities outlined in the Hierarchical Model of Responsibilities and Competencies for Health Education Specialist?

- A) Assess Needs, Assets and Capability for Health Education
- B) Plan Health Education
- C) Conduct Evaluation and Research Related to Health Education
- D) Promote Healthy Behaviors Through Lifestyle Changes

Answer: D

4) Those health education specialists who had an active CHES certification since 2005 and showed that they were practicing health education at an advanced level were granted the Master Certified Health Education Specialist (MCHES), this process was known as

- A) the Grandfather Law.
- B) testing out.
- C) the Experience Documentation Opportunity.
- D) the only way one can get the Master Certified Health Education Specialist Exam.

Answer: C

5) Both the CHES and MCHES examinations are given twice a year and consist of

A) 150 scored questions and 15 pilot questions on a weighted amount of the seven responsibilities.

- B) 100 scored questions on a randomly selected responsibility.
- C) 100 essay questions on the seven responsibilities.
- D) 150 scored questions and 50 pilot questions on a randomly selected responsibility.

Answer: A

6) Which modifiable risk factor is the leading cause of death in 2000?

- A) Lack of physical activity
- B) Poor nutrition
- C) Tobacco use
- D) Alcohol consumption

Answer: C

7) Which is the most recent version of the Competency Based Framework for Health Education Specialists?

- A) National Health Educator Job Analysis (HEJA-2010)
- B) National Health Educator Joint Association
- C) Health Education Specialist Practice Analysis (HESPA-2015)
- D) National Council for the Accreditation of Teacher Education (NCATE)

Answer: C

8) Self-breast examinations would be considered which level of prevention?

- A) Primary
- B) Secondary
- C) Tertiary
- D) Treatment

Answer: B

9) Chemotherapy for cancer treatment is considered which level of prevention?

- A) Primary
- B) Secondary
- C) Tertiary
- D) Priority

Answer: C

10) When a person is healthy, without signs and symptoms of disease, illness, or injury, the level of prevention most appropriate would be

- A) primary prevention.
- B) secondary prevention.
- C) tertiary prevention.
- D) low-priority prevention.

Answer: A

11) The three main uses of the Framework includes all of the following EXCEPT

- A) provides a guide for colleges and universities to use when designing and revising their curricula.
- B) to provide a unified health education program for all health settings.
- C) to develop the core criteria for certifying individuals as health education specialists national certification exams.
- D) used by program accrediting and approval bodies to review college and university academic programs.

Answer: B

12) Pre-planning is intended to answer questions related to all of the following EXCEPT

- A) the purpose of the program.

- B) identifying and engaging partners.
- C) the success rate of the evaluation methods.
- D) the leadership structure.

Answer: C

13) Assumptions of health promotion include all of the following EXCEPT

- A) appropriate prevention strategies can be developed to deal with the identified health problems.
- B) behavior can be changed and those changes can influence health.
- C) initiating and maintaining a behavior change is difficult.
- D) individual responsibility can best be viewed through victim blaming.

Answer: D

14) What are the sequential steps in the Generalized Model of program planning?

- A) Assess, Goal Setting, Develop Intervention, Implementation, Evaluation
- B) Goal Setting, Assess, Develop Intervention, Implementation, Evaluation
- C) Evaluation, Assess, Goal Setting, Develop Intervention, Implementation
- D) Develop Intervention, Goal Setting, Assess, Implementation, Evaluation

Answer: A

15) According to your text, many health education specialists' responsibilities are involved in some way with

- A) program planning, implementation, and evaluation.
- B) program evaluation to create new models.
- C) program measurement.
- D) program failure rates.

Answer: A

16) It has been recommended that the profession de-emphasize the term *health educator* and use the term *health education specialist* in its place.

Answer: TRUE

17) In its simplest terms, health promotion is the process of educating people about health.

Answer: FALSE

18) In order to qualify for the Advanced Level of Practice 2, a Health Education Specialist must have a doctorate and at least 10 years of experience.

Answer: FALSE

19) Decision makers are those who have the authority to approve a plan such as a governing board.

Answer: TRUE

20) Stakeholders are those individuals who have a monetary interest in the program only.

Answer: FALSE

21) The priority population refers to those whom the program is intended to serve.

Answer: TRUE

22) One of the basic assumptions of health promotion is that health status can be changed.

Answer: TRUE

23) Properly trained health education specialists are aware of the limitations of the discipline and understand the assumptions on which health promotion is based.

Answer: TRUE

24) Cardiac rehabilitation is an example of secondary prevention.

Answer: FALSE

25) The results of the National Health Educator Competencies Update Project (CUP) in 1998 found that the seven areas of responsibility for health education specialists were no longer valid.

Answer: FALSE

26) List the seven Areas of Responsibility identified through the Role Delineation Project.

Answer: I. Assess Needs, Assets and Capability for Health Education; II. Plan Health Education; III. Implement Health Education; IV. Conduct Evaluation and Research Related to Health Education; V. Administer and Manage Health Education; VI. Serve as a Health Education Resource Person; and VII. Communicate and Advocate for Health and Health Education.

27) Describe how the new CUP model structure differs from the previous model for Areas of Responsibility, Competencies, and Sub-competencies for Health Educators.

Answer: The original model had an entry level, followed by three additional areas of responsibility for advanced levels. The new model is hierarchical, incorporating all competencies and sub-competencies within the same seven areas of responsibility. The new model also has three levels: Entry, Advanced I, and Advanced II, distinguished by degree and years of service.

28) List five of the nine health assumptions that must be in place before the health promotion process begins.

Answer: (any five of the following):

- Health status can be changed.
- Health and disease are determined by dynamic interactions among biological, psychological, behavioral, and social factors.
- Disease occurrence theories and principles can be understood.
- Appropriate prevention strategies can be developed to deal with the identified health problems.
- Behavior can be changed, and those changes can influence health.
- Individual behavior, family interactions, community and workplace relationships and resources, and public policy all contribute to health and influence behavior change.
- Initiating and maintaining a behavior change is difficult.
- Individual responsibility should not be viewed as victim blaming, yet the importance of health behavior to health status must be understood.
- For healthy behavior change to be permanent, an individual must be motivated and ready to change.

29) List out the steps in Generalized Model of program planning.

Answer: Assess, Goal Setting, Develop Intervention, Implementation, Evaluation

30) List four of the six areas of concern for preplanning and what questions need to be answered with each.

Answer:

Purpose of program

- How is the community defined?
- What are the desired health outcomes?
- Does the community have the capacity and infrastructure to address with the problem?
- Is a policy change needed?

Scope of the planning process

- Is it intra or inter-organizational?
- What is the time frame for completing the project?

Planning process outcomes (deliverables)

- Written plan?
- Program proposal?
- Program documentation or justification?

Leadership and structure

- What authority, if any, will the planners have?
- How will the planners be organized?
- What is expected of those who participate in the planning process?

Identifying and engaging partners

- How will the partners be selected?
- Will the planning process use a top-down or bottom-up approach?

Identifying and securing resources

- How will the budget be determined?
- Will a written agreement (i.e., MOA — memorandum of agreement) outlining responsibilities be needed?
- If MOA is needed, what will it include?
- Will external funding (i.e., grants or contracts) be needed?
- Are there community resources (e.g., volunteers, space, donations) to support the planned program?
- How will the resources be obtained?

31) List four work settings where you would likely find health education specialists.

Answer: Hospitals, government, schools, work sites, voluntary agencies