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Question: 1

When you distribute your survey questionnaire to every member of a population it is called

A. cohort survey
B. census survey
C. sampled survey
D. case-studies survey

Answer: B

Explanation:
When a survey questionnaire is distributed to every member of a population, it is referred to as a **census survey**. This method of data collection is distinct from other types of surveys primarily because it aims to include every single individual within the population of interest, rather than a selected sample.
Census surveys provide a comprehensive approach to data gathering that allows researchers or organizations to obtain a complete set of data from every member of the population. This comprehensive data collection can be exceedingly valuable because it eliminates sampling error and provides a full representation of the population. As a result, the findings from a census survey can be considered highly accurate and reflective of the actual characteristics and opinions of the entire population.
However, while census surveys are ideal for accuracy, they also come with significant challenges. One of the main issues is the practicality and feasibility of reaching every member of a large population. For instance, conducting a census survey of an entire country requires immense resources, extensive planning, and considerable time, making it a massive undertaking both logistically and financially. Therefore, such surveys are often not practical for large populations due to the high costs and logistical complexities involved.
In contrast, census surveys may be more feasible and incredibly effective when conducted within smaller, more contained populations. For example, if an organization wishes to gather detailed feedback from all its employees or a service provider wants to assess customer satisfaction among all its clients, a census survey can be a practical choice. In such cases, because the population is limited and more manageable, the organization can cover the entire group without the overwhelming resource expenditure required for larger populations.
Despite the challenges, when feasible, census surveys are unparalleled in accuracy and detail, providing a clear and complete picture of the population's characteristics and opinions. This can be particularly important in scenarios where comprehensive data is crucial for making informed decisions, such as policy-making, organizational changes, or targeted marketing strategies.

Question: 2

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Reliability determines how consistently a measurement of knowledge or skill produces similar results under various conditions. If a measurement is highly reliable, it will yield consistent results over time. There are four ways to estimate a measurement's reliability. The test-retest reliability is determined by which of the following?

A. examining how often two different measurements of skill or knowledge yield similar results
B. how many different evaluators or observers examine the same presentation, project, paper, demonstration, or performance and agree on its overall rating
C. how often the same performance or test items evaluated at two different times yield similar results
D. comparing half of a set of tests with another half and identifying how often they yield comparable results

Answer: C

Explanation:
Reliability determines how consistently a measurement of knowledge or skill produces similar results under various conditions. If a measurement is highly reliable, it will yield consistent results over time. There are four ways to estimate a measurement's reliability: Inter-observer- this is determined by how many different evaluators or observers examine the same presentation, project, paper, demonstration, or performance and agree on its overall rating; test-retest- this is determined by how often the same performance or test items evaluated at two different times yield similar results; parallel-forms- these are determined by examining how often two different measurements of skill or knowledge yield similar results; split half reliability-this is determined by comparing half of a set of tests with another half and identifying how often they yield comparable results.

Question: 3

Educational and information strategies focus on delivering information designed to increase knowledge and awareness as a prerequisite for behavioral change. General health information can include material about each of the following EXCEPT:

A. chronic disease and reducing risk
B. weight loss and maintenance
C. policy and environmental strategies
D. nutrition and physical activity

Answer: C

Explanation:
Educational and informational strategies in public health are essential tools used to promote health and prevent diseases by increasing individuals' knowledge and awareness. These strategies are designed to inform people about various health topics and encourage positive behavioral changes that can lead to improved health outcomes.
General health information typically covers a range of topics aimed at helping individuals understand how to manage their health better. This can include information on chronic diseases and how to reduce

the risk of developing such conditions. For example, educational materials might explain the importance of regular health screenings or managing risk factors like high blood pressure or cholesterol.
Another common focus is on weight loss and maintenance. Information provided may cover best practices for achieving and maintaining a healthy weight, understanding body mass index (BMI), and the role of diet and exercise. This type of information is crucial as it helps individuals make informed choices about managing their weight, which is directly linked to preventing numerous health issues, including diabetes, heart disease, and certain cancers.
Nutrition and physical activity are also frequent subjects of health education and information strategies. Nutritional information typically includes guidance on eating a balanced diet, understanding nutritional labels, and making healthier food choices. Meanwhile, information on physical activity might outline the benefits of regular exercise, provide tips for incorporating more movement into daily life, and explain the different types of physical activities that can help with specific health issues.
However, it is important to note that educational and informational strategies do not generally include policy and environmental strategies. These are distinct areas that involve changes at a broader, systemic level, such as legislation, urban planning, and public policies that create healthier environments. For instance, policy and environmental strategies might include creating smoke-free zones, implementing taxes on sugary drinks, or building bike lanes to encourage cycling. While these strategies can significantly influence public health, they fall outside the scope of direct educational content aimed at individual behavior change.
Therefore, when considering what general health information can include, it is clear that topics like chronic disease, weight management, nutrition, and physical activity are covered, but policy and environmental strategies are not. These latter strategies require different approaches and resources beyond the personal knowledge enhancements typically provided by educational and informational strategies.

Question: 4

Reliability determines how consistently a measurement of knowledge or skill produces similar results under various conditions. If a measurement is highly reliable, it will yield consistent results over time. There are four ways to estimate a measurement's reliability. The inter-observer reliability is determined by which of the following?

A. comparing half of a set of tests with another half and identifying how often they yield comparable results
B. how many different evaluators or observers examine the same presentation, project, paper, demonstration, or performance and agree on its overall rating
C. examining how often two different measurements of skill or knowledge yield similar results
D. how often the same performance or test items evaluated at two different times yield similar results

Answer: B

Explanation:
Reliability determines how consistently a measurement of knowledge or skill produces similar results under various conditions. If a measurement is highly reliable, it will yield consistent results over time. There are four ways to estimate a measurement's reliability: Inter-observer- this is determined by how many different evaluators or observers examine the same presentation, project, paper, demonstration, or performance and agree on its overall rating; test-retest- this is determined by how often the same

performance or test items evaluated at two different times yield similar results; parallel-forms- these are determined by examining how often two different measurements of skill or knowledge yield similar results; split half reliability-this is determined by comparing half of a set of tests with another half and identifying how often they yield comparable results.

Question: 5

Mixed methods research is defined as

A. methodology focusing on only qualitative data
B. methodology that integrates both quantitative and qualitative data
C. methodology focusing on only quantitative data
D. methodology that focuses on observational experiments

Answer: B

Explanation:
Mixed methods research is a methodology that integrates both quantitative and qualitative data to enhance the depth and breadth of understanding and corroboration in research. This approach is particularly beneficial in addressing research questions that cannot be answered by quantitative or qualitative data alone. Here's a detailed breakdown:
Quantitative Research: This aspect of mixed methods involves the collection and analysis of numerical data, which is used to identify patterns, test theories, and make predictions. Quantitative research methods include surveys, experiments, and statistical analysis. The strength of quantitative research lies in its ability to provide concrete and generalizable results.
Qualitative Research: In contrast, qualitative research focuses on exploring ideas, understanding experiences, and interpreting meanings. This type of research often uses methods such as interviews, focus groups, and observations to gather in-depth insights into people's attitudes, behaviors, and experiences. Qualitative research is particularly useful for exploring complex issues and generating hypotheses.
Integration of Quantitative and Qualitative Data: Mixed methods research combines these two approaches in a complementary fashion. The integration can occur at various stages of the research process, including data collection, analysis, and interpretation. For example, a researcher might start with qualitative interviews to explore a phenomenon and then use this information to design a quantitative survey to test the findings across a larger population.
Advantages of Mixed Methods Research: This approach offers several advantages, including: 1. **Comprehensiveness**: It provides a more complete understanding of research problems by capturing both numerical trends and personal experiences. 2. **Validation and Corroboration**: Mixed methods allow for cross-validation, where findings from one method can be corroborated by another, enhancing the credibility of the results. 3. **Flexibility**: Researchers can adapt their methodologies to the evolving needs of the study, exploring unexpected results in greater depth or broadening the scope of the study as needed.
Applications: Mixed methods research is applicable in various fields such as education, healthcare, social sciences, and business. For example, in healthcare, mixed methods can be used to assess the effectiveness of a treatment (quantitative) and to understand patients' experiences with that treatment (qualitative).

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Conclusion: By combining quantitative and qualitative research, mixed methods provide a richer, more nuanced understanding of research problems than either method alone could offer. This makes it a powerful tool for researchers aiming to tackle complex or multi-faceted issues.

Question: 6

The premise that learning in the cognitive domain should apply the higher order processes instead of lower order objectives is part of which of the following?

A. Gagne's Theory of Instruction
B. Maslow's Hierarchy of Needs
C. ARCS Motivation Model
D. Bloom's Taxonomy

Answer: D

Explanation:
The premise that learning in the cognitive domain should emphasize higher order processes rather than lower order objectives aligns with Bloom's Taxonomy.
Bloom's Taxonomy, formulated by Benjamin Bloom and his colleagues in the 1950s, classifies educational learning objectives into levels of complexity and specificity. This framework aims to encourage higher levels of thinking in education, such as analyzing, evaluating, and creating, rather than just remembering and understanding.
According to Bloom's Taxonomy, cognitive learning objectives are arranged in a hierarchy that begins with lower-order thinking skills (LOTS), such as remembering and understanding, and progresses to higher-order thinking skills (HOTS), such as applying, analyzing, evaluating, and creating. The advocacy for prioritizing HOTS over LOTS in educational settings is based on the belief that this approach fosters deeper learning, critical thinking, and the ability to transfer knowledge and skills to a variety of contexts.
In contrast to other theories such as Gagne's Theory of Instruction, which focuses more on the conditions of learning and instructional design, or Maslow's Hierarchy of Needs, which emphasizes the importance of fulfilling learners' basic needs before higher-level learning can occur, Bloom's Taxonomy directly addresses the levels of cognitive operations important for learning.
Similarly, the ARCS Model of Motivational Design, though important for understanding what motivates learners, does not specifically categorize cognitive processes in a hierarchy of learning objectives like Bloom's Taxonomy does.
Therefore, when discussing the premise of emphasizing higher order cognitive processes in education, Bloom's Taxonomy is the most applicable framework. It provides educators with a structured way to focus on developing higher order cognitive skills and designing learning experiences that challenge students to engage in more complex, meaningful interactions with content.

Question: 7

There are many government departments, agencies, and programs that are available for use in the health education are
a. The source which uses the "whole child" approach to support teachers, parents, and communities to meet the physical, emotional, social, and educational needs of students is which of the following?

A. Youth Risk Behavior Surveillance System
B. Coordinated School Health Program
C. Health and Psychosocial Instruments Database
D. Behavioral Risk Factor Surveillance System

Answer: B

Explanation:
The question asks to identify the source that uses a "whole child" approach to support not just the academic needs but also the physical, emotional, and social needs of students. The "whole child" approach is a comprehensive strategy that focuses on nurturing all aspects of a child's development to ensure they are healthy, safe, engaged, supported, and challenged.
Among the options provided: 1. **Youth Risk Behavior Surveillance System (YRBSS)** - This system is primarily a surveillance tool used by the Centers for Disease Control and Prevention (CDC) to monitor health-risk behaviors among youth and young adults that contribute to the leading causes of death and disability. While it provides valuable data, it does not directly support or engage with students in a holistic manner. 2. **Coordinated School Health Program (CSHP)** - This program is the correct answer. CSHP is an integrated set of planned, sequential, and school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students. The program involves collaborations among educators, parents, and the community to create a total learning environment for students. CSHP addresses the whole child by integrating eight components: health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environment, school staff wellness, and family/community involvement. 3. **Health and Psychosocial Instruments Database** - This database is a resource that provides information about measurement instruments (e.g., questionnaires, interview schedules) used in health, psychosocial sciences, organizational behavior, and library and information science. It does not directly engage with or support students in a comprehensive way. 4. **Behavioral Risk Factor Surveillance System (BRFSS)** - Similar to YRBSS, the BRFSS is a national telephone survey conducted by the CDC that collects data from adults about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. It does not focus on the holistic development of children or students.
Thus, the **Coordinated School Health Program** is the correct answer as it specifically employs the "whole child" approach to help students meet diverse needs. This program aligns with the goal of supporting the overall development of students by ensuring they are not only academically equipped but also emotionally and physically healthy, creating a well-rounded support system for their growth and development.

Question: 8

Outcome evaluations do which of the following?

A. assess the immediate effect of a program on the behaviors of program participants
B. defines all viable solutions to a problem or issue and facilitates health education program implementation
C. assess a program's effects on the ultimate objectives including changes in social benefits, health, and quality of life
D. provide information needed to adjust teaching and learning during the ongoing process

Answer: C

Explanation:
Outcome evaluations are critical tools used to measure the effectiveness of a program in achieving its ultimate objectives. These objectives often include broad, long-term goals related to social benefits, health improvements, and enhanced quality of life for participants. Unlike process evaluations, which focus on the immediate operational aspects of a program, outcome evaluations dive deeper into the tangible and lasting impacts of the program.
For example, if a health education program is designed to reduce the incidence of chronic diseases, an outcome evaluation would assess whether there is a measurable decrease in these diseases among participants after the program's completion. It looks beyond mere participation rates or satisfaction levels, which are typically addressed in process evaluations. Instead, it seeks to determine if the program has led to significant health behavior changes such as improved eating habits, increased physical activity, or better adherence to medical advice.
Outcome evaluations are conducted after allowing enough time for the expected changes to potentially take effect, which often means months or even years after the completion of the program. This delay is crucial as it provides a buffer for observing whether short-term gains translate into long-term improvements. For instance, it can assess whether the changes in participants' lifestyles are temporary or if they have been effectively integrated into their daily routines.
Data collection methods in outcome evaluations can vary but often include surveys, interviews, focus groups, or reviews of health records. These instruments are aimed at capturing detailed information on various indicators of success, such as rates of disease, quality of life indices, or economic impacts. For health programs, it might involve tracking changes in biometric data, mental health status, or other health-related quality of life metrics.
Moreover, outcome evaluations do not just assess the direct impacts on participants. They also consider the broader societal impact, examining if the program contributes to public health goals, reduces healthcare costs, or addresses health disparities among different populations. This holistic approach ensures that the program's benefits are not only sustained but also aligned with wider health and social objectives.
In conclusion, outcome evaluations are indispensable for understanding the efficacy of a program in real-world conditions. They provide the necessary evidence to guide future programming, secure funding, and advocate for policies supporting successful interventions. Ultimately, these evaluations help ensure that programs do more than just operate; they achieve meaningful, enduring outcomes that improve lives.

Question: 9

The data collection method which is an evaluative methodology that allows the generation of ideas and thoughts from group participants through the posing of a single question, while maintaining anonymity throughout is which of the following?

A. Data Analysis Plan
B. Nominal Group Technique
C. Delphi method
D. meta-analysis

Answer: B

Explanation:
The question asks about a data collection method that is an evaluative methodology allowing the generation of ideas and thoughts from group participants through posing a single question while ensuring their anonymity. The correct answer is the Nominal Group Technique.
The Nominal Group Technique (NGT) is an established method used primarily in data collection processes that involve group decision-making. This technique is particularly effective in generating multiple ideas, solving problems, or evaluating solutions. It involves gathering a group of individuals who then, individually and silently, write down their ideas in response to a specific question posed by the facilitator. This anonymity in idea generation helps prevent bias and influence from dominant personalities within the group.
After the initial silent phase, each participant shares their ideas in a round-robin fashion, during which no discussion is allowed. This ensures that each idea is presented without immediate critique or evaluation, which could skew the group's perspective or inhibit the sharing of less conventional ideas. Each idea is then recorded publicly, typically on a whiteboard or flipchart, ensuring transparency and collective memory of the input.
Following the sharing and recording phase, a structured discussion begins where participants can seek clarification on any ideas presented, without debating their merit. This discussion phase helps refine the ideas into clearer and more distinct concepts, providing a deeper understanding and sometimes combining or expanding ideas based on collective input.
The final step involves voting or ranking the ideas. Each participant is given a set amount of votes or points which they can allocate to the ideas they believe are the most valuable or viable. This quantification allows for the democratic and anonymous prioritization of ideas. The ideas with the most votes are then typically taken forward for further analysis or implementation.
The Nominal Group Technique is valued for its democratic nature, as it gives equal voice to all participants and avoids the influence of group dynamics that can often skew results in less structured environments. Moreover, NGT is noted for its efficiency and effectiveness in generating a high volume of ideas and reaching consensus quickly compared to unstructured group discussions. This makes it an ideal choice for situations where diverse input and rapid decision-making are needed.

Question: 10

Cultural competence training is emerging as a strategy for improving which of the following?

A. the knowledge, attitudes, and skills of health professionals
B. patient adherence to therapy
C. health outcomes
D. equity of services across racial and ethnic groups

Answer: A

Explanation:
Cultural competence training is primarily aimed at enhancing the knowledge, attitudes, and skills of health professionals. This type of training is designed to make healthcare providers more aware of the

cultural differences that influence patient care and to develop skills that can improve interactions and communications with patients from diverse backgrounds.

The goal of cultural competence training is multifaceted. Firstly, it seeks to broaden the understanding that health professionals have of different cultural perspectives and health practices. By doing so, it aims to increase respect and empathy towards patients' viewpoints and health-related needs. Secondly, it strives to improve the attitudes of healthcare providers by challenging preconceived notions and biases that may affect the care they provide. Thirdly, the training focuses on enhancing the practical skills of healthcare workers, enabling them to effectively engage with and provide appropriate care to patients from various cultural backgrounds.

Although the primary objective of cultural competence training is to bolster the capabilities of health professionals, it is also hoped that such training will lead to broader impacts on the healthcare system. These potential impacts include improved patient adherence to therapeutic regimes, enhanced health outcomes, and greater equity in the delivery of healthcare services across different racial and ethnic groups. However, the evidence supporting these broader impacts is currently insufficient and inconclusive.

Given the lack of robust data on the effectiveness of cultural competence training in achieving these secondary outcomes, there is a clear need for further research. Future studies should aim to rigorously evaluate how such training programs influence patient behavior, health results, and equity in service provision. Additionally, research should explore which specific components of cultural competence training (such as teaching methods or content areas) are most effective in producing these outcomes.

In summary, while cultural competence training is emerging as a strategy to improve the knowledge, attitudes, and skills of health professionals, its effects on patient adherence, health outcomes, and service equity require further investigation. This will help to refine training programs and maximize their benefits across the healthcare system.

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