Test Bank for

**public health Nutrition:** **Rural, Urban, and Global Community-Based Practice**

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Chapter 1

INTRODUCTION TO PUBLIC HEALTH NUTRITION

Multiple Choice

1. Who is the leader in shaping contemporary public health nutrition education in the United States?

a. Eleanor Roosevelt

b. Michelle Obama

c. Marie Curie

d. Virginia Apgar

\*e. Mary Egan

2. Which of the following are key public health nutrition descriptors?

a. Solution oriented

b. Social and cultural aspects

c. Advocacy

d. Disease prevention and systems interventions

\*e. All of the above

3. Select the two important documents that were forerunners of Healthy People series of science-based objectives for the U.S. population?

\*a. Promoting Health/Preventing Disease: Objectives for the Nation

b. Moving to the Future: Developing Community Based Nutrition Services

\*c. Nutrition and Your Health: Dietary Guidelines for Americans

d. Who Will Keep the Public Healthy

4. Which of the following is true regarding public health nutrition trends as reported by the World Congress of PHN in 2006? (Select all that apply.)

a. Global need for research

b. Need for improved technology

c. Strong collaborations between academia, public and private sectors for solutions for malnutrition and nutrition-related problems

d. Graduate coursework and experiential learning for the workforce

\*e. All of the above

f. None of the above

5. Which of the following are core functions of public health?

\*a. Assessment, assurance, and policy development

b. Assessment and interventions

c. Case–control and cohort

d. None of the above

True/False

1. Public health nutritionist, as defined my Margaret Kaufmann (1982), is “that member of the public health agency staff who is responsible for assessing community nutrition needs and planning, organizing, managing, directing, coordinating, and evaluating the nutrition component of the health agency's services”

\*a. True

b. False

2. World Health Organization (WHO), created in 1948 as part of the United Nations, formed to combat communicable diseases and to improve maternal, infant, and child health and nutrition

\*a. True

b. False

3. *Dietary Guidelines for Americans*, a hallmark document providing dietary guidance for the U.S. population that focused on healthful dietary patterns

\*a. True

b. False

4. Evidence-based practice does not rely on scientific evidence for decision-making and informing practice

a. True

\*b. False

5. Are the factors of behavioral, environmental, biological, societal, and economics that influence individual and population health

\*a. True

b. False

6. World Public Health Nutrition Association, the first international organization to promote and improve public health nutrition (PHN) and to be the international voice of PHN

\*a. True

b. False

Matching

*Match each of the examples of essential public health nutrition services with the appropriate public health core function of Assessment, Policy Development, and Assurance.*

*Core Public Health Functions Examples of Essential Public Health Nutrition Services*

|  |  |
| --- | --- |
| 1. Assessment (C)
 | 1. Planning for nutrition services in conjunction with other health services, based on information obtained from an ongoing database focused on health outcomes.
 |
| 1. Policy development (E)
 | 1. Participating in nutrition research, demonstration, and evaluation projects.
 |
| 1. Assurance (A)
 | 1. Assessing the nutritional status of specific populations or geographic areas.
 |
| 1. Assessment, assurance, policy development (B)
 | 1. Epidemiology measure that is used to calculate the ratio of probabilities of disease among populations exposed and not exposed to a risk factor.
 |
|  | 1. Providing leadership in the development of and planning for health and nutrition policies.
 |

Short essay

1. Briefly describe the five spheres of influence of the Social-Ecological Model used by public health nutritionists to help them understand the multiple levels of influence on nutrition and other health-related behaviors.

2. Outline at least three of the historical legislations leading to expanding the roles of public health nutritionists in the United States.

3. What is the mission of the World Public Health Nutrition Association along with two key purposes? (<https://wphna.org/about>)

4. Summarize the key focus areas of the three committees (Policy; Collaboration; Membership, Communication & Outreach) of the Association of State Public Health Nutritionists (<https://asphn.org/committees/>)

5. Discuss why it is important for public health nutritionists to have advanced training in both nutrition and public health.

Chapter 2

NUTRITION EPIDEMIOLOGY PRINCIPLES

Multiple Choice

1. Which of the following is *not* a principle of social determinants of health as defined by Healthy People 2020?

a. Education

b. Economic stability

c. Health and healthcare

d. Neighborhood and built environment

\*e. All of these are principles of the social determinants of health

2. Which of the following is *not* a reason to apply epidemiologic principles to a research process?

a. Understanding cause and effect (for instance, disease causality or whether disease occurs differently in different populations)

\*b. Satisfying personal intellectual curiosity about a particular popular fad diet

c. Defining population characteristics that could inform future experimental research

d. Understanding important subgroups or combinations of factors that impact health

3. In examining the relationship between an exposure and a disease/health outcome, which cell in a 2 × 2 table would a person be placed that was not exposed and had been diagnosed with the disease/health outcome?

a. A

b. B

\*c. C

d. D

e. None of the above

4. Which of the following is true regarding confounding variables?

a. Not taking account of confounding can lead to spurious and incorrect associations between exposure and disease.

b. A confounder is usually associated with both the exposure and the disease being studied, but it need not be a risk factor for the disease.

c. The confounding variable can either inflate or deflate the true association

d. A confounder must be unequally distributed between subjects with and without disease/exposure.

\*e. All of the above are true

5. Which of the following study designs gives you the best sense of the incidence of a disease/health outcome in a population?

a. Case study

b. Cross-sectional

c. Case–control

\*d. Prospective cohort

e. None of the above

True/False

1. Epidemiologic research only focuses on observational research practices and not interventional research practices.

a. True

\*b. False

2. An odds ratio or relative risk of 1.0 means that there is no observed association between the exposure and the disease/health outcome of interest.

\*a. True

b. False

3. A difference of 10% or greater between a crude odds ratio and an adjusted odds ratio is indicative of confounding.

\*a. True

b. False

4. Typically, epidemiologic data are coded as 0 if the individual has the disease/health outcome of interest and 1 if the individual does not have the disease/health outcome of interest.

a. True

\*b. False

5. Cohort studies are also known as “longitudinal” studies.

\*a. True

b. False

6. When a confidence interval for a relative risk statistic includes 1.0, there is a null relationship between the exposure and the disease/health outcome of interest.

\*a. True

b. False

Matching

|  |  |
| --- | --- |
| 1. Biostatistics (C)
 | 1. Epidemiologic research studies that occur at a single point in time.
 |
| 1. Prospective cohort study design (E)
 | 1. Epidemiologic research studies that retrospectively compare the exposure status of individuals specifically selected due to having the disease/health outcome of interest with that of individuals without this disease/health outcome.
 |
| 1. Relative risk (D)
 | 1. Scientific discipline that offers a set of tools to evaluate the quality of measures and to construct models that enable us to compare health outcomes across populations and exposures.
 |
| 1. Cross-sectional study design (A)
 | 1. Epidemiology measure that is used to calculate the ratio of probabilities of disease among populations exposed and not exposed to a risk factor.
 |
| 1. Case–control study design (B)
 | 1. Epidemiologic studies that follow a group without the health condition of interest for some period of time to determine the incidence of this health condition in the exposed versus the unexposed group.
 |

Short essay

1. Briefly describe the principles of equity and how equity differs from equality.

2. Describe how public health nutrition differs from clinical/medical nutrition.

3. Briefly define the terms “relative risk” and “odds ratio” and how these two differ from each other.

4. Explain how epidemiology and public health interventions are intertwined.

5. How might researchers identify and address potential confounders in epidemiologic research studies?

6. Explain the differences between prospective and retrospective cohort studies, including advantages and disadvantages of each design.

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